# CHANGE OF INFORMATION/RE-ENROLLMENT FORM

PRESENT THIS FORM: IN PERSON: REGISTRAR’S OFFICE, C BUILDING, ROOM 120
MAIL: NORTHWEST STATE COMMUNITY COLLEGE
       REGISTRAR’S OFFICE
       22600 STATE ROUTE 34
       ARCHBOLD, OH 43502
FAX: (419)267-5604

PLEASE ALLOW 5-7 BUSINESS DAYS FROM RECEIPT FOR PROCESSING

## REQUIRED INFORMATION (Please Print Clearly)

Name: _______________________________  
Student ID  N00 ___________________  
(If NSCC ID is unknown then print last 4-digits of SS#)

Signature: _______________________________  
Date: _______________________________

ONLY COMPLETE SECTIONS THAT RELATE TO YOUR CHANGE

### NAME CHANGE

Name changes require legally supported documentation, please submit a photo copy of your marriage license or other court documents with this request.

Prior Name: ____________________________  
New Name: _____________________________

### ADDRESS

Street: ________________________________
City: ____________________________  
State: ____________  
Zip Code: ___________________________

### PHONE NUMBER

Home: ________________________________  
Cell: ________________________________

### MAJOR -

Two Year Degree: ________________________________
One-Year Certificate: ________________________________
Short-Term Certificate: ________________________________
Most current catalog year will be used unless you specify another catalog year: ________________________________

### EMERGENCY CONTACT

Name: ____________________________  
Relationship: ____________________________  
Phone Number: ____________________________

## FOR OFFICE USE ONLY

Date Received: _____ / _____ / _____  
Date Processed: _____ / _____ / _____  
Processed By: ____________________________

Revised July 2017