

**Complete all fields and return form in-person, mail or fax:**  
(Please have photo ID)

Registrar's Office  
22600 State Route 34  
Archbold, OH 43502

Voice 419-267-1395  
Fax 419-267-5604

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**PLEASE ALLOW UP TO 5 (FIVE) BUSINESS DAYS FROM RECEIPT FOR PROCESSING**

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**Please check one:**

Student Information Change

Re-Enrollment Form

Print Name \_\_\_\_\_ NSCC ID or Last 4-digits of SSN \_\_\_\_\_

**Student Signature** \_\_\_\_\_ Date \_\_\_\_\_  
(Electronic will not be accepted.)

**Has your name changed?**

If so, name changes require legally supported documentation (marriage license or other court documentation, please submit a photocopy with this form). Changes will not be made based on driver's license or social security card. A new ID card is \$10 and paid in the Business Office:

Prior Name \_\_\_\_\_ New Name \_\_\_\_\_

**Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Major Change**

Two-Year Degree: \_\_\_\_\_

One-Year Certificate: \_\_\_\_\_

Short-term Certificate: \_\_\_\_\_

Most current catalog year will be used unless you specify another **catalog year**: \_\_\_\_\_

Academic Advisor Change: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>Office Use Only:</b>                            | <b>Staff Name</b> _____                                      | <b>Date</b> _____                                 |
| <input type="checkbox"/> Update Major/Catalog Year | <input type="checkbox"/> Update Student Type/Guest/Returning | <input type="checkbox"/> Degree Works             |
| <input type="checkbox"/> Academic Standing         |  | <input type="checkbox"/> Residency (out-of-state) |
|  |  | <input type="checkbox"/> Remove Re-Enroll Hold    |