



EDISON STATE COLLEGE

CHANGE OF STUDENT DATA FORM

DO NOT WRITE IN THIS AREA - OFFICIAL USE ONLY

BANNER ID @ [] [] [] [] [] [] [] []

ADVISING CLEARED _____
Signature _____ Date _____

OFFICE OF THE REGISTRAR _____
Initial/Date _____

TRANSCRIPT EVALUATOR _____
Initial/Date _____

Please print clearly in blue or black ink unless signature is requested. Submit this form to the Admission and Registration area on your campus, unless otherwise instructed. Thank you.

STUDENT'S NAME AS IT NOW APPEARS ON OUR RECORDS (Last name first.)	STUDENT'S IDENTIFICATION NUMBER AS IT NOW APPEARS ON OUR RECORDS
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PLEASE READ CAREFULLY AND COMPLETE THE APPROPRIATE BLOCK FOR **CHANGES ONLY**.
(Edison employees should also contact Human Resources for name, address, and SSN changes)

1 NAME CHANGE/CORRECTION (A copy of your driver license, marriage license, Social Security Card or court order must be attached.)	
2 SOCIAL SECURITY NUMBER CORRECTION/CHANGE (A copy of your Social Security Card must be attached.) NEW NUMBER: <small>Edison State College collects your social security number for use in performance of the College's duties and responsibilities for the following possible purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; tax and scholarship reporting; financial aid processing; accreditation of programs; and reporting to authorized agencies of the state and federal government. Social security numbers are also used as a unique numeric identifier in certain cases and may be used for research purposes. Federal law requires that we protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned ESC identification numbers to assist in protecting their identities.</small>	
3 CHANGE OF ADDRESS: <input type="radio"/> MAILING <input type="radio"/> PERMANENT (No P.O. Box #) _____ NUMBER & STREET APT _____ CITY STATE /ZIP COUNTRY	4 CHANGE OF <input type="radio"/> PHONE <input type="radio"/> EMERGENCY INFO HOME PHONE _____ EMERG CONTACT _____ EMERG PHONE _____
5 CHANGE OR ADD DEGREE AND/OR PROGRAM <input type="radio"/> CHANGE PRIMARY DEGREE AND/OR PROGRAM <input type="radio"/> ADD/CHANGE SECONDARY DEGREE AND/OR PROGRAM <i>Please check one of the following degree options and indicate new program code:</i> <input type="radio"/> Bachelor* <input type="radio"/> Associate in Arts <input type="radio"/> Associate in Science <input type="radio"/> Certificate New program code _____ <input type="radio"/> CHANGE TO NON-DEGREE SEEKING	6 CHANGE ENTERING TERM/YEAR YEAR _____ <input type="radio"/> FALL <input type="radio"/> SPRING <input type="radio"/> SUMMER 7 CHANGE FROM ACCELERATED TO HIGH SCHOOL GRAD _____ TERM/YEAR <i>Please submit High School transcript and affidavit along with documents to prove Florida Residency for tuition purposes.</i> 8 OTHER

*** Requires supplemental application.**
Degree changes (except non-degree) require the signature of an academic advisor. If you have not done so already, please request official transcripts from each college previously attended or an official high school transcript, if you have no prior colleges.

Non-degree-seeking students are not eligible for financial aid.

Student's Signature _____ Date _____

CHARLOTTE COUNTY CAMPUS
26300 Airport Road
Punta Gorda, FL 33950
941/637-5654

COLLIER COUNTY CAMPUS
7007 Lely Cultural Pkwy
Naples, FL 34113
239/732-3701

LEE COUNTY CAMPUS
8099 College Pkwy
Fort Myers, FL 33919
239/489-9121

HENDRY/GLADES COUNTY CENTERS
LaBelle 863/674-0408
Clewiston 863/983-6240
Moore Haven 863/948-1991