Submit or mail form to:
Gavilan College
Admissions & Records
5055 Santa Teresa Blvd.
Gilroy, CA 95020

email: admissions@gavilan.edu

AUTHORIZATION FOR CHANGE OF STUDENT RECORDS

STUDENT INFORMATION *(REQUIRED SECTION)*

Student ID: G#	Last Name:	First Name:	Middle:
Mailing address:			
City, State, Zip Code:			
Home Phone #:	Cell Phone #:		
Email address:			

CHANGE OF CONTACT INFORMATION *(mailing address, email, phone number change, preferred name)*

UPDATE ADDRESS: ☐ **Permanent** ☐ **Mailing**

Number and Street | Apartment # | City | State | Zip Code

EMAIL ADDRESS: ☐ **Preferred** ☐ **Personal email**

PHONE NUMBER:

Home Phone #: | Cell Phone #:

PREFERRED FIRST NAME *Your Preferred First Name will be shown in Canvas as "Display Name" for discussions, messages, and comments. Legal documents such as Official Transcripts and Financial Aid Information will only reflect the legal name*

CHANGE OF LEGAL NAME *(must present supporting original legal documentation such as passport, CA driver's license/ID, marriage or divorce records and military records)*

FROM (PREVIOUS): OLD NAME	**TO (CURRENT): NEW NAME**
Last Name First Name Middle	Last Name First Name Middle

OTHER CHANGES

Correct my date of birth	
FROM: _____/_____/_____ MM DD YYYY **Wrong Date of Birth**	**TO:** _____/_____/_____ MM DD YYYY **Correct Date of Birth**

Correct or add my social security number ***(proof of SSN card is required)***

Social Security Number | Verified by A&R staff _____

REQUIRED: My signature below confirms I am requesting the above change(s) to my official academic record at Gavilan College.

Student signature _____ Date_____