



Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020

AUTHORIZATION FOR CHANGE OF STUDENT RECORDS

Please change records for:

G# _____

Name: _____

Home Phone #: (_____) _____ - _____

Cell Phone #: (_____) _____ - _____

Mailing Address: _____

Street number

City

State

Zip

Please update my mailing address

Social Security Change
Social Security Number:
(As it appears currently in our database)

_____ - _____ - _____

No SSN currently on file

Change
to

New Social Security Number:
(Must provide original Social Security Card)

_____ - _____ - _____

Name Change
Old Name:
(As it currently appears in our database)

First Name

Middle Name

Last Name

Change
to

New Name:
(Must provide legal proof of new name)

First Name

Middle Name

Last Name

Date of Birth Change
Date of Birth: _____/_____/_____

Change
to

Date of Birth: _____/_____/_____

Signature: _____

Date: _____

Office Use Only

1. Photocopy blank "Authorization for Change of Student Records" with proof attached below (Driver's License, Social Security Card, State Identification, etc)
2. Have student complete the above portion after the Driver's License, Social Security Card, State Identification, etc has been photocopied below.

Updated by: _____ on: _____
Date

*Photocopy of
proof here*