UMPQUA COMMUNITY COLLEGE
Registration and Records
PO Box 967
Roseburg, Oregon 97470
541.440.4604 | 541.440.7713
Registration@umpqua.edu

Student Record Change Form

Section 1 – NAME ON FILE

Last Name _____ First Name _____ Student ID Number _____

Preferred First Name _____ Birth Date (MMDDYY) _____

Section 2 – NAME | PREFERRED NAME CHANGE

For a legal name change, provide a state issued picture ID, or court documents.
If receiving Financial Aid, also provide your Social Security Card.

Last Name _____ First Name _____

_____ ☐ Remove Preferred Name on File
Preferred First Name

Section 3 – ADDRESS | PHONE | EMAIL CHANGE

NEW Mailing Address:

Address _____ City _____ State _____ Zip _____

NEW Phone:

Primary Phone (Home or Cell) _____ Alternate Phone (Home or Cell) _____

NEW Email:

Email _____

Student Signature_____ **Date:**_____
Signifies Approval & Authorization

OFFICE USE ONLY					
Registration and Records Office		**Financial Aid Office**		**IT Office**	
☐ GOATPAD	☐ SPAIDEN				
Date:	Initials:	Date:	Initials:	Date:	Initials: