

STUDENT UPDATE FORM



CLARK COLLEGE
 Enrollment Services Office, Gaiser Hall
 1933 Fort Vancouver Way, Vancouver, WA 98663-3598
 Phone: 360-992-2107 | Fax: 360-992-2876
 E-mail: enroll@clark.edu

Check information to be changed:

- Legal (Primary) Name
- Date of Birth
- Social Security # (SSN)
- Gender Update

Submit the Student Update Form and supporting document(s) to the Enrollment Services office with photo ID.

Student ctcLink ID Number:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
Term enrolled in class(es):	Summer	Fall	Winter	Spring	Year	_____			
Former Legal Name:	Last				First	Middle (Initial)			
New (Current) Legal Name:	Last				First	Middle (Initial)			
Preferred e-mail:					Preferred Phone:				
Student Incorrect Date of Birth:					Student Correct Date of Birth:				
Student Incorrect Social Security Number:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								Gender Update
Student Correct Social Security Number:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								Staff verified Correct Social Security Number: _____ Staff Initials

Examples of Supporting Documents:

- State or government issued photo ID showing new legal name, date of birth, or gender
- State or government issued photo ID showing previous name with official documentation of new name such as court documents or marriage certificate

Office Use Only:

Processed Staff Initials
Enrollment:
Records:

Signature _____
 Date _____