FRONT RANGE COMMUNITY COLLEGE

Demographic Change Form

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcc.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu

ARE YOU CURRENTLY AN EMPLOYEE OF ANY COLORADO COMMUNITY COLLEGE? _____
If yes, changes must be made with your Human Resources department.

Enter your Name and Student ID Number as they CURRENTLY APPEAR on your student record:

Name: _____
Last Name *First Name* *Middle Name*

Student ID: _____ Phone #: _____ Birth Date: _____

Email Address: _____@student.cccs.edu

- **Legal documentation is required for name change, (i.e. driver's license, marriage certificate, divorce decree, or court order).**
- **To change social security number, a copy of the social security card must accompany this form.**

CHECK THE BOX(ES) BELOW FOR INFORMATION TO BE CHANGED:

- Colorado residents must also submit documentation to COF/CAN regarding Name or SSN changes: COF ph # 1-800-777-2757

☐ Name: _____ (attach appropriate documentation)

☐ Social Security Number: _____ (attach appropriate documentation)

☐ Address: _____
Street City State Zip Code

- Check all that apply: Make changes to my ___ **mailing** ___ **billing** ___ **permanent** ___ **local** address.

☐ Phone Number: _____

☐ Email Address: _____

☐ Date of Birth: _____ (attach appropriate documentation)

☐ Gender: _____ (attach copy of birth certificate)

Student Signature: _____ Date: _____

Processed by: _____ Date _____ Update by the Office of the Registrar 11-04-2010