

## NWFSC Adult Education - Change of Status

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ (As it currently appears)

**NAME:** \_\_\_\_\_ (On all records)  
Last First MI

**SOCIAL SECURITY NUMBER** New Number: \_\_\_\_\_

**NAME** New Name: \_\_\_\_\_  
Last First MI

**MAILING ADDRESS** New Address: \_\_\_\_\_  
Street or Box Number

\_\_\_\_\_ City State Zip

**FAX NUMBER** New Number: ( ) - \_\_\_\_\_

**E-Mail Address** New Address: \_\_\_\_\_

**Phone Number** New Number: ( ) - \_\_\_\_\_

**Major** New Major:  A.A.  A.S.  A.A.S.  Diploma  
\_\_\_\_\_ Title

**Advisor** New Advisor: \_\_\_\_\_ Name

**INSTITUTIONS ATTENDED SINCE LAST OWCC ENROLLMENT:**

\_\_\_\_\_  
\_\_\_\_\_

By my signature I confirm that the above is true and correct and am requesting that NWFSC change my official college records as indicated.

\_\_\_\_\_  
Student Signature Student SSN Date