Galveston College

Please allow at least 48 hours for the update to be reflected on your student record.

_____   _____
Student Name (Last, First, Middle Initial)   Student ID Number

PLEASE COMPLETE APPROPRIATE SECTION(S)
****

NAME CHANGE
Court order, divorce decree, marriage license, or social security card required. Name **must** match legal name on document.

Note: If name on document does not match social security card, you may have difficulty claiming certain educational tax benefits on IRS form 1098-T.

_____
New Last Name   First Name   Middle Name

_____
Previous Last Name   First Name   Middle Name

****
ADDRESS CHANGE ☐ Mailing Address   ☐ Residency Address   ☐ Both Residency & Mailing

_____
New Street Address   City   State   Zip   Phone Number

_____
Previous Street Address   City   State   Zip   Phone Number

****
SOCIAL SECURITY NUMBER CHANGE
Official social security card required.

_____   _____
Updated Social Security Number.   Previous Social Security Number
****

_____   _____
Student Signature   **Date**