NAME / SOCIAL SECURITY NUMBER / ADDRESS CHANGE FORM

(Please print) FIRST NAME    MIDDLE NAME    LAST NAME             BIRTHDATE

SOCIAL SECURITY NUMBER                         Mountwest ID NUMBER (942-XX-XXXX)

NAME CHANGE INFORMATION

PLEASE NOTE: A copy of your Social Security card is required if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.

PREVIOUS                  NEW

Last Name:                    
First Name:                   
Middle Name:                  
Prefix:  (Mrs., Mr., Miss, etc.)  
Suffix:   (Jr., Sr., III, etc.)

SOCIAL SECURITY NUMBER CHANGE INFORMATION

PREVIOUS                  CORRECT

Social Security Number:     
Mountwest  ID Number:  (942-XX-XXXX)

ADDRESS CHANGE INFORMATION

“Previous” Address:         
“New” Address Line 1:      
“New” Address Line 2:      
City:                      
State:                    
ZIP:                     
County:                   
Nation:                   
Telephone  (home):        
Telephone  (cell):        

By signing below, I certify that the information provided is correct.

SIGNATURE                  DATE

Revised 11-12-2010

Mountwest Community and Technical College, Office of the Registrar, P.O. Box 5500 Huntington, WV 25703