

WILLIAMSBURG TECHNICAL COLLEGE

CHANGE OF INFORMATION FORM

*This form authorizes WTC's Division of Student Services to make changes as designated below.
Change of name requires marriage license or official court paperwork.*

PLEASE PRINT

Social Security Number: _____ - _____ - _____

CHANGE FROM:

Name

Address

City State Zip

Phone Number

Email address

CHANGE TO:

Name

Address

City State Zip

Area Code Phone Number

Email address

Signature of person making request

Date