



BLUE RIDGE
Community College

**DATA CHANGE
FORM**

Social Security Number or Student I.D. Number: _____

Name Change

Former Name: _____

Current Name: _____

Address Change

Street Address: _____

City: _____

State, Zip Code: _____

Email Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Changed on system by: _____

Changed on files by: _____
