

Signature Card

- Instructions**
1. Check the box, next to the form you submitted electronically
 2. If you have address or name changes, please indicate them.
 3. Sign and date the form
 4. Mail the form to:
Blue Ridge Community College
Attention Registrar
180 West Campus Drive
Flat Rock, NC 28731.
 5. This card must be postmarked within five (5) days of submitting your form.

Check the box next to the form you submitted.

- | | |
|--|---|
| <input type="checkbox"/> Application Online | <input type="checkbox"/> Data Change Form |
| <input type="checkbox"/> Non-Degree Seeking Application/Registration | <input type="checkbox"/> BRCC Transcript Request form |
| <input type="checkbox"/> Returning Student/Change of Program | <input type="checkbox"/> Graduation Application |

Social Security Number: _____
(used for student.id purposes only)

Email Address: _____

Name Change
(Former Name) _____

(Current Name) _____

Address Change
Route/Street Address _____
City _____
State, Zip Code _____

Signature: _____ **Date:** _____