

Information Change Request Form

Government Issued ID is required when submitting this form as well as supporting documentation. The form and supporting documentation can only be submitted **in person** to the Enrollment Services Counter located at: Robert C. Roberts Campus Center, Building I-218, 3000 NE 4th St. Renton, WA 98056. If you cannot appear in person or have questions or concerns, please contact the Enrollment Services Office at: 425-235-2371, Email: registration@rtc.edu

Current Student Information

Last Name: _____ First Name: _____ Middle Initial: _____
ctcLink ID: _____ Email Address: _____

Check the related boxes of updates you are requesting and submit with required documentation

Address Change/Correct

☐ Change my address to the following:

Street: _____ Apartment/Unit: _____
City: _____ State: _____ Zip Code: _____

Add/Change/Correct

☐ Phone Number: _____
☐ SSN / ITIN (Documentation required): _____
☐ Date of Birth (Documentation required): _____
☐ Email Account(s) on Record: _____

Change/Correct Legal Name (Documentation required)

☐ New Last Name: _____
☐ New First Name: _____
☐ New Middle Name: _____

By signing and submitting this form, I attest all the information I have provided is true and accurate, and I request that a change be made to my college records to reflect the change noted above.

Signature: _____ Date: _____

STAFF USE ONLY:	Processor Initials & Date:	Notes:
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