



# Northampton Community College

Records Office ♦ 3835 Green Pond Road ♦ Bethlehem, PA 18020 ♦ fax: 610-861-5551

## Change of Student Information

Social Security #/Student ID \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Name Currently on Record \_\_\_\_\_  
Last First Middle Prior

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name Changes** require a marriage certificate, court order or divorce decree showing the change.

New Name \_\_\_\_\_  
Last First Middle

**Social Security Number Changes** require your original Social Security card.

Correct Social Security Number  -  -

**Address Changes** may affect your residency status/tuition rate. To establish residency in a sponsoring school district, specific documents are required as outlined in the Residency Policy:

<http://www.northampton.edu/Student-Resources/Bursar/Policies/Residency-Policies.htm>

***Important Note about Address Changes:*** The person who prepares this form states that he or she is the person, executor, guardian, authorized officer, or agent of the person for whom the address change is valid. Anyone submitting false or inaccurate information on this form is subject to punishment by fine or imprisonment or both under Sections 2, 1001, 1702 and 1708 of Title 18, United States Code.

Permanent Address \_\_\_\_\_  
Street (No P.O. Box only; must provide street location) City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Resident School District \_\_\_\_\_ Length of time at new address \_\_\_\_\_

I have not received my **NCC Plus Card**. Please order a new card to be sent to this address. **Note:** a \$20 replacement fee may be charged. If you did receive your card, remember to update your address at [www.NCCPlusCard.com](http://www.NCCPlusCard.com).

### **Phone Number Changes**

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Office Use Only ID \_\_\_\_\_

Documents submitted \_\_\_\_\_

Residency Change: Approved/Not Approved New Res. Code \_\_\_\_\_ Effective Semester \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Copy 1 – Records Copy 2 – Financial Aid Office cc: Bursar for NCC Plus Card request rev.9/09