



Northampton Community College

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

Change of Student Information

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://northampton.edu/bursar-resources/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 BankMobile Refund Selection Kit in the mail. Please order me a new personal code that will be sent to my NCC email. If you did receive your kit, remember to also update your address at RefundSelection.com

Phone Number Changes I understand that Northampton Community College may use an automated calling system and a pre-recorded message to contact me by phone to any phone number I provide to the college.

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/Processing Copy 2 – Financial Aid Office cc: Bursar for NCC Refund Selection Kit rev.8/2017