

STUDENT INFORMATION CHANGE FORM

Form may be submitted via email to starhelp@noce.edu · Fax 714-992-9599 · Mail 315 E Wilshire Ave, Fullerton, CA 92832

_____/_____/_____/_____
LAST NAME FIRST MIDDLE STUDENT ID

ADDRESS, PHONE NUMBER or E-MAIL CHANGE

NEW MAILING ADDRESS

Street Address City State Zip

NEW PHONE NUMBER(S)

_____/_____/_____
Home Phone Cell Phone Work/Other Phone

NEW PREFERRED E-MAIL ADDRESS

Your preferred e-mail address may be used for resetting your PIN on myGateway, obtaining your student ID number, and other official NOCE communication.

New E-mail Address _____

BIRTHDATE CHANGE

Valid ID displaying correct date of birth *or* birth certificate is required.

Correct Date of Birth: _____ Incorrect Date of Birth: _____

NAME CHANGE

Valid ID displaying new name and other proof of legal name change is required.

Correct Name: _____
Last First Middle

Incorrect Name: _____
Last First Middle

Chosen Name*: _____
(First name only)

*Chosen name is subject to review per AP 5041.

SOCIAL SECURITY NUMBER CHANGE

Presentation of your Social Security Card is required.

Correct Social Security Number: _____

STAFF USE ONLY

Incorrect Social Security Number: _____

LEGAL SEX

Legal documentation must be provided.

- Male Female Non-Binary

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GENDER DESIGNATION

0	Cisgender
0B	Non- binary gender and cisgender
1	Transgender
1B	Non-binary gender and transgender
2	Declined to state
2B	Non-binary gender and declined transgender
B	Non-Binary gender

PERSONAL PRONOUN

01	She, her, hers
02	He, him, his
03	They, them, theirs
04	Ze, hir

By signing your name on the signature line below, you are validating all of the information you have provided on this form to be true and accurate.

STUDENT'S SIGNATURE

DATE

OFFICE USE ONLY

Type of ID: _____ Date Rec'd: _____ Accepted By: _____ Date Updated in Banner: _____ Updated By: _____

SPAIDEN: Is ADDRESS type "DM/CO"? NO _ YES _ (If yes to this question, keep a copy and send original to HR).

Original: Wilshire
 Updated 12/15/2020 SC