

Data Change/Correction www.tstc.edu

I authorize the following changes to my stude	ent data at TSTC. Complete all that apply. Return the completed form to the Regis	rar's Office.
Check the TSTC location that Abilene you currently attend:	Breckenridge Brownsville Brownwood Fort Bend n Hutto North Texas Sweetwater Marshall	Engelside Waco
Personal Data		
Last Name	First Name	Middle Initial
Student ID No.	Email Address	
Are you Hispanic/Latino? 🔲	res No Gender: Female Male	
Race: White (WH) B	lack (BL) Asian (AS) ve (AN) Native Hawaiian or Other Pacific Islander (HP)	
Changes to Address/Phone Nu	ımber	
Please check all that apply:		
Change preferred mailing address to	Street Address	Apt #
	City	ZIP
Channa dalambana mumbandan	Home ()	
LI Change telephone number for:	Business () -	
	Cell () -	
	Fax () -	
		
Change address for:	Street Address	Apt #
Billing		. ,
Home	City State	ZIP
Local		
∟ Email	Email Address	
Changes to Personal Data		
Please check all that apply: (Appropriate Notify the College IT department of name cha		
Change Name (new name)	Last Name First Name	Middle Initial
Gender Change		
Change Social Security Number	Social Security Number	
Change Date of Birth	Month Day Year	
Add/Change Emergency Contact	Last Name First Name	Middle Initial
For Office Use Only	Telephone Number	
	SIGNATURE	DATE