



Gavilan College  
5055 Santa Teresa Blvd  
Gilroy, CA 95020

## AUTHORIZATION FOR CHANGE OF STUDENT RECORDS

**Please change records for:**

G# \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street number

City

State

Zip

Please update my mailing address

Social Security Change  
Social Security Number:  
(As it appears currently in our database)

Change  
to

New Social Security Number:  
(Must provide original Social Security Card)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

No SSN currently on file

Name Change  
Old Name:  
(As it currently appears in our database)

Change  
to

New Name:  
(Must provide legal proof of new name)

\_\_\_\_\_

First Name

Middle Name

Last Name

\_\_\_\_\_

First Name

Middle Name

Last Name

Date of Birth Change  
Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Change  
to

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

1. Photocopy blank "Authorization for Change of Student Records" with proof attached below (Driver's License, Social Security Card, State Identification, etc)
2. Have student complete the above portion after the Driver's License, Social Security Card, State Identification, etc has been photocopied below.

Updated by: _____ on: _____ <div style="text-align: right; font-size: small;">Date</div>
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Photocopy of  
proof here