

ODESSA COLLEGE

Change to Demographic & Contact Information

Records Office 201 W. University

Odessa, TX 79764 Ph. 432.335.6404	
Fax 432.335.6303 Records@odessa.edu	
OC ID#	
Student Name:(Last)(List previous last name if you are changed)	ging your name) (First) (Middle)
PLEASE LIST <u>ONLY</u> THE <u>CHANGES</u> OR	CORRECTIONS TO BE MADE:
Social Security #:(01	NLY if changed)
Name	<u>Is your address change:</u>
Name:(Last)(List NEW last name for a name change) (First)	(Middle) ——Physical address only
Address:	_ Apartment # Mailing address only
City:State:	Both physical & mail
Phone: () Cell H	
Email:	
Student Signature:	Date:
ange to your SS# must be accompanied by a copy of your SS card an companied by supporting documentation, such as a marriage licens submit SS card showing changed name in addition to above docume	se or court order, and government-issued photo ID. Current student
ange in your state or county of residence may have a significant impresidency requirements in order to be eligible for in-state tuition resupporting documentation prior to the census date for the semester TY and/or to another state, your residency status will be updated u	ates. A request for reclassification must be completed and submitte r in which you wish to be reclassified. If you move out of ECTOR
TURN IN TO WRA	NGLER EXPRESS
WRANGLER EXPRESS: Received by:	DATE:
RECORDS OFFICE ONLY: Processed by:	DATE: