



Admissions and Records

5151 Pacific Avenue, Box 102

Stockton, CA 95207

Email: admissions-followup@deltacollege.edu

Change of Information Form

Date: _____ Delta ID Number: _____

Last Name: _____

First Name: _____

Delta College Email: _____

Enter ONLY the information to be changed in the gray area below.

Name and/or social security number changes will require a copy of your Social Security card and photo ID.

| | |
|--|-------------------------------|
| Last Name: _____ First Name: _____ | |
| Street Address: _____ | City: _____ |
| State: _____ | Zip Code: _____ |
| Home Phone: (____) _____ | Work Phone: (____) _____ |
| Mobile Phone: (____) _____ | Emergency Phone: (____) _____ |
| <small>I authorize text messages for the number above and accept responsibility for any charges that result.</small> | |
| Date of Birth: ____/____/____ | Social Security Number: _____ |
| *Check here if you are an employee of Delta College: _____ | |

I certify under penalty of perjury that the information given on this form is true and correct.
I further understand that failure to report changes in status can result in dismissal from the College.

Student Signature

Date