



Financial Aid, Scholarships and Veterans Services

5151 Pacific Avenue Box 111

Stockton, CA 95207

PHONE: (209) 954-5115

EMAIL: financialaid@deltacollege.edu

Change of Information Form

Date: _____ Delta ID Number: _____

Last Name: _____

First Name: _____

Make CHANGES in the shaded area below:

*Last Name: _____

*First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Submit this form in the DeRicco Building at the Financial Aid window in the Main Lobby.

While in the DeRicco Student Services Building, make sure to also update your address at the Admission & Records windows. Your initial financial aid disbursements are mailed to the address contained within the school's student system.

***Name changes will require a copy of your Social Security Card.**

Signature _____