

Rock Valley College

STUDENT INFORMATION UPDATE/CORRECTION

It is your responsibility to ensure all information on your student record is accurate. By signing this form, you give permission for RVC staff to update your student record with the information provided. Return this signed form to Records and Registration Office, 3301 N Mulford Rd, Rockford, IL 61114 or via fax 815-921-4269, or via email to RVC-Records@RockValleyCollege.edu

If you have any questions, please contact our office at 815-921-4250

Today's Date: _____

Student Name: _____

Student ID #: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

ADDRESS CHANGE

Old Address on File: _____

City, State, and Zip Code: _____

Change to New Address: _____

City, State, and Zip Code: _____

A change from an Out-of-District/State address to an In-District address must be accompanied by documentation. Acceptable documentation listing the new address and your name includes: Driver's License/State ID, Mortgage/Lease Agreements, Utility Bill, or a Voter's Registration Card. Any documentation must include the name of the student, the new In-District address, and be dated at least 30 days prior to the first day of classes for that term.

SOCIAL SECURITY NUMBER CORRECTION

Incorrect SSN: _____ Correct SSN: _____

A copy of your signed SSN card must be provided at the time of submission. Copy must be made by our office.

Are you now, or have you ever been, an employee of Rock Valley College in any capacity?

Full-time, Part-time, Student Worker, etc. **YES** or **NO** (circle one)

Signature and Date:

OFFICE USE ONLY:

Verified by: _____ Date processed: _____