|  |  |
| --- | --- |
| waketech-logo-secondary-k | **Permanent Record Changes Form** |
|  |
| 9101 Fayetteville RoadRaleigh, NC27603-5696 |
|  |
| I am a [ ]  Student [ ]  Vendor [ ]  Employee  |
| * If a student, submit form to Enrollment and Records Services.
* If a vendor, submit form to Business Services.
* If an employee, submit form to Personnel Records.
* Changes will be processed within 2-3 business days.
 |
| My record information is currently listed as: |
|  |
|       |  |       |  |       |  |
| Last Name  |  | First Name  |  | Middle Name  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|       |  |       |  | **XXX-XX-** |      |  |
| Colleague ID  |  | Date of Birth  |  | Social Security Number |  |
|  |
| Please make the following changes to my permanent record information: |
|  |  |  |  |  |  |  |
| Change my name to: |       |  |       |  |       |  |
|   | Last Name  |  | First Name  |  | Middle Name |  |
| Reason: [ ]  Marriage [ ]  Court Action [ ]  Other |
| *Copy of the legal document authorizing the name change must be attached to process change.**Name changes do not affect your user ID for my.waketech.edu.**To request a change of your user ID, please contact ITS at 919-866-7000.* |
|  |
| Change my address to:  |
|  |       |  |
|  | Street Address  |  |
|  |       |  |
|  | City, State, Zip |  |
|  |
| Change my social security number to:  |   |  |  |  |  |  |
|  |     | - |    | - |      |  |
| *Copy of social security card must be attached to process change.* |
|  |
| Change my email address to:  |
|  |       | @ |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Change my home phone to: Change my business phone to:  |
|  | ( |     | ) |     | - |      |  | ( |     | ) |     | - |      |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Change my birth date to:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |
| M |  | M |  | D |  | D |  | Y |  | Y |  | Y |  | Y |

 *Proof of birth date must be provided.*  |
| AuthorizationI hereby authorize Wake Technical Community College to change my permanent record information as indicated above. |
|  | Signature |  | Date |  |
| For Office Use Only |
|  |
| Updated in Colleague |  |  |  |  |
|  | Date |  | Staff Initials |  |