

## Permanent Record Changes Form

9101 Fayetteville Road  
Raleigh, NC 27603-5696

I am a ☐ Student ☐ Vendor ☐ Employee

- If a student, submit form to Registration 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

\_\_\_\_\_  
ID # Date of Birth XXX-XX- 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.*

### Authorization

I 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