



# Permanent Record Change

Caldwell Community College and Technical Institute  
2855 Hickory Blvd. • Hudson, NC 28638 372 Post Office Box 3318 • Boone, NC 28607

Please submit this form and documentation to Student Services on the Caldwell or Watauga Campus.

**My record information is currently listed as:**

Last Name First Name Middle Name  
Student ID Number Date of Birth XXX-XX-  
Social Security Number

**Please make the following changes to my permanent record information.**

*Complete only sections that apply.*

**Change my name to:**

Last Name First Name Middle Name  
Reason: ☐ Marriage ☐ Court Action ☐ Other \_\_\_\_\_

*Copy of legal document authorizing name change must be attached to process change.*

**Name changes do not affect your user ID for Mycccti.**

**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 primary phone number to:**

☐ Home ☐ Cell ☐ Work

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Change my secondary phone number to:**

☐ Home ☐ Cell ☐ Work

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Change my birthdate to:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

**Authorization**

I hereby authorize Caldwell Community College and Technical Institute to change my permanent record information as indicated above.

**Signature**

**Date**

**For Office Use Only**

Updated in Datatel:

Staff Initials

Date

cw 6-27-2022