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MTCC STUDENT ADDRESS AND/OR NAME CHANGE

ADDRESS SECTION

NAME: _____
Last First Middle

STUDENT ID #/ SOCIAL : _____ DATE: _____

EMAIL: _____ CONTACT PHONE: _____

Current Address _____
Street/P.O. City

_____ State Zip County

NAME SECTION (Name change requires official picture ID)

Former Name: _____
Last First Middle

STUDENT ID #/ SOCIAL : _____ DATE: _____

EMAIL: _____ CONTACT PHONE: _____

Current Address _____
Street/P.O. City

_____ State Zip County

Signature: _____

Student Records User Only

Date Information Changed : _____

Comments: _____ Initial: _____