BEVILL STATE COMMUNITY COLLEGE
Update Records Form

PRINT NAME _____ SOCIAL SECURITY # _____

I hereby authorize Bevill State Community College to update the following content(s) of my record:

☐ **CHANGE OF NAME:**

_____

First Middle/Maiden Last

Previous Name(s) Used On Our Records _____

☐ **CHANGE OF ADDRESS/PHONE NUMBER/EMERGENCY CONTACT:**

_____

Address City State Zip Phone No.

_____

Emergency Contact Person Phone No.

☐ **RESIDENCY:**

Have you been a legal resident of Alabama for the last 12 months? ( ) Yes ( ) No

☐ **COLLEGES/UNIVERSITIES ATTENDED:**

Please list all Colleges/Universities attended since last enrollment at Bevill State

_____

_____

_____

☐ **NON-RELEASE OF INFORMATION:**

I do not give permission for any informaton to be released from my educational records without my written consent.

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY: SS Personnel Updated _____

NAME DATE

It is the policy of the Alabama College System and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied, the benefit of, or be subjected to discrimination under any program, activity, or employ-