## **Central Wyoming College**

CWC Student Records \* 2660 Peck Ave \* Riverton, WY 82501 Telephone: 307-855-2115 \* Fax: 307-855-2092

## Please Fill In All Requested Information Neatly and Completely

Relationship to CWC:	ationship to CWC:   Current Student   Previous Student   Employee [Previous or Cur			evious or Current]
Please check the information you are updating:  Address – Local [campus box or address used while currently attending classes at CWC]  Address – Permanent [forwarding address when not currently attending classes at CWC]  Phone Number  Email  IMPORTANT: Name changes cannot be submitted via this form. All name changes must be submitted on the Student Record				
Name Change Request form with supporting legal documentation.				
Today's Date CWC ID# or Social Security Number			Birth date:	Gender:
			/ /	□ M □ F
Student's <b>CURRENT</b> Last Name:		First:	Middle:	
Student's Former/Maiden Last Name:		First:	Middle:	
ADDRESS UPDATE:				
<b>PLEASE NOTE</b> : Changing your address on this form WILL NOT change your residency for tuition purposes. Please pick up a Residency Petition form at Registration & Records if you wish to be considered for a change of residency.				
LOCAL MAILING ADDRESS	Box or Street	City	State	Zip
PERMANENT MAILING AD	DRESS: Box or Street	City	State	e Zip
PHONE NUMBER UPDATE:				
HOME TELEPHONE:	PHONE: CELL:		WORK:	
E-MAIL UPDATE:				
PRIMARY E-MAIL:				
STUDENT'S SIGNATURE:				
FOR RECORDS OFFICE USE ONLY				
INPUT INITIALS:		DATE:		

Form: Green ContactChangeRequest Rev. April 2015