

BUTTE COLLEGE CHANGE OF INFORMATION FORM

Complete all that apply

STUDENT ID# _____ OR SSN _____ - _____ - _____

PRINTED NAME _____

NEW NAME (PRINT) _____

NEW ADDRESS _____

NEW PHONE () _____ NEW MAJOR _____

INFORMATION RELEASE CHANGE:

**I DO NOT WANT DIRECTORY INFORMATION RELEASED
WITHOUT PROPER PICTURE IDENTIFICATION. PRIORITY
REGISTRATION MUST BE DONE AT ADMISSIONS & RECORDS
WINDOW DURING OR AFTER APPOINTMENT TIME.**

SIGNATURE _____ DATE _____