ANTELOPE VALLEY COLLEGE

INFORMATION CHANGE FORM

Return completed electronic form to the Admissions & Records Office by emailing it to registration@avc.edu from your AVC email account.
Incomplete, illegible, or forms not sent from the student's AVC email account, will not be processed.

#900 _____ _____ _____ _____ _____
Student ID Number *Last Name* *First Name* *MI*

☐ ***Major Change:*** ☐ ***Name Change:***

_____ _____ _____ _____ _____
Major Code *Description* *Last Name* *Frist Name* *MI*

☐ ***Address Change****: Mailing (if your mailing address is a PO Box, you must provide a legal permanent address)*

_____ _____ _____ _____ (_____) _____
Street Address *City* *State* *Zip Code* *Telephone Number*

☐ ***Address Change****: Legal Permanent Address*

_____ _____ _____ _____ (_____) _____
Street Address *City* *State* *Zip Code* *Telephone Number*

☐ _____ ☐ ***Add FERPA Release*** ☐ ***Remove FERPA Release*** ☐ ***AVC Employee***
Birth Date

_____ _____
Student Signature *Date*

Office Use Only

_____ _____
Processed By Date