



Student Update Information Request

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

- Current students updating their address must provide proof of residency (acceptable documents can be found on www.oaklandcc.edu/admissions/residency). Copy of driver's license or Michigan ID required with form for changes to be processed.
- Documentation must be provided for any name change to be processed (driver's license, Social Security Card, or court documents).
- Military affiliation: provide appropriate documentation for active duty and veteran status.

STUDENT INFORMATION

OCC Student ID Number _____ Birth Date (MM/DD/YYYY) _____

Last Name _____ First Name _____ Middle Name _____

Former Last Name (if applicable) _____ Last 4 Digits of Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

OCC Email Address _____ Phone Number Home Cell (____) _____

Phone Number Home Cell (____) _____

Emergency Contact Name _____

Emergency Contact Area Code and Phone Number _____

Campus (check one) Auburn Hills Highland Lakes Orchard Ridge Royal Oak Southfield

Military Affiliation (if applicable)

Veteran	Spouse or Dependent of Veteran	Active Member of Military	National Guard/Military Reserves
National Guard/Military Reserves	Spouse or Dependent of Guard/Reserves	Spouse or Dependent of Active Member	None of the aforementioned

PROGRAM OF STUDY INFORMATION

Students may have up to two active programs of study on record. If assistance is needed in determining, changing, or updating a Program of Study, contact a Counseling Office at one of the five campus locations.

Program of Study code (example: BUS.ABA, CRJ.GEN.AAS) _____

I no longer wish to pursue the following Program(s) of Study: _____

SIGNATURE

Student signature and date are mandatory.

Signature _____ Date _____

This form can be mailed to the address below or emailed to ces@oaklandcc.edu.

Oakland Community College • George A. Bee Administration Center • 2480 Opdyke Road • Bloomfield Hills, Michigan 48304-2266

To deliver in person, take this form to the Enrollment Services Office at one of the five campus locations.

(For campus locations, go to www.oaklandcc.edu/campuses/default.aspx)

FOR OFFICE USE ONLY

Date Processed _____ By _____

Comments _____