



Student Information Change Form

Emerald Road • P.O. Box 1467 • Greenwood, SC 29648-1467
Telephone (864) 941-8361 • Fax (864) 941-8566

Name _____ PTC ID: P_____

A PHOTO ID OR SOCIAL SECURITY CARD IS REQUIRED WHEN COMPLETING FORM

**Please identify any of the following information that needs to be updated:*

Name Change: _____
(Please Provide Documentation) Last Name First Name MI

Address Change:
(If address is changing from one county to another, it may increase or decrease your tuition. Please see the tuition chart on the web at <http://www.ptc.edu/admissions/tuition>. If state residency is changing, please complete the appropriate Residency Certification Form available in the Student Records Office or on the web at: <http://www.ptc.edu/admissions/tuition/residency-information>)

• Mailing: _____
City State Zip code

If different from Mailing:

• Permanent: _____
City State Zip code

County Change: _____

Phone Number: Home: (____) _____ Cell: (____) _____ Work: (____) _____
(Please include area code)

Email Address: _____

Date of Birth: _____

Social Security Number: _____
Correct SSN Incorrect SSN

Emergency Contact:

Print Name Relationship Phone Number

**I certify that all the above information is complete and correct.*

Student Signature Date