

# WAUKESHA COUNTY TECHNICAL COLLEGE

**Registration and Records**  
800 Main Street, Pewaukee, WI 53072  
262.691.5578 (Phone)  
262.691.5123 (Fax)  
studentreg@wctc.edu

## Student Record Change

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Student ID \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  Cell  Home

Date of Birth \_\_\_\_\_

**Change from:**

**To:**

Legal Name  
(documentation  
required\*)

\_\_\_\_\_

\_\_\_\_\_

Social Security #  
(documentation  
required\*)

\_\_\_\_\_

\_\_\_\_\_

Gender  
(documentation  
required\*)

\_\_\_\_\_

\_\_\_\_\_

Preferred Name

\_\_\_\_\_

\_\_\_\_\_

Home address

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

\_\_\_\_\_

Home phone

\_\_\_\_\_

\_\_\_\_\_

Work phone

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

**\*Documentation is required for changes to: Legal Name, Social Security and Gender. Please submit a copy of your documentation. Do not submit originals. Applicable documentation includes, but is not limited to:**

Driver's License • Court Order • Government-Issued ID • Social Security Card • Passport

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Processing: Return form to the Enrollment Center in person or to studentreg@wctc.edu **through your official WCTC email account only.**

For Office Use Only

Processing By:

Date:

Comments:



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