

WAUKESHA COUNTY TECHNICAL COLLEGE

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

Student Record Change

Date submitted _____

Please complete this form and mail or fax to Registration and Records

Name _____

Student ID/Social Security # _____

Change from:

To:

Name

(documentation required)

Social Security #

(documentation required)

Gender

(documentation required)

Home address

City, State, Zip

Home phone

Work phone

Other

Please check documentation, if required above. Attach a photocopy of document.

_____ WI Drivers License

_____ Social Security Card

_____ Birth Certificate

_____ Other

Signature of Requestor/Date _____

For office use only

Date entered _____ Initials _____



**WAUKESHA
COUNTY TECHNICAL
COLLEGE**