



Records Revision

RECORDS OFFICE

RETURN TO THE STUDENT RECORDS OFFICE

Name (Please Print) _____

ID Number or Last 4 Digits of SSN _____

Please complete only the lines which must be changed:

Category:

Change to:

First Name _____

*Last Name _____

_____/_____/_____
Current Former Maiden

*Please contact the Computer Help Desk at 419-559-2309 or the Student Records Office at 419-559-2333 or 419-559-2330 to obtain your new student portal username and Terra email address. Your password will not change.

Social Security Number _____

Street Address _____

City, State, Zip _____

Telephone Number _____

_____/_____
Primary Alternate

Resident County _____

Major _____

Minor _____

Release of Directory Information Yes _____ No _____

Authorization I hereby authorize Terra Community College to revise my student profile record as indicated.

Signature _____

Date _____

Computer Record Changed

Date _____

Initials _____

REV: 8/08