

YORK TECHNICAL COLLEGE
Academic Records Office
452 S Anderson Road
Rock Hill SC 29730
(803) 325-2879 FAX (803) 981-7146

Student Information Update Form

Name: _____ Date: _____
 (Please print clearly)

Student ID Number: _____ Signature (Required): _____

Have you recently applied for graduation? Yes No

For any changes, complete the necessary section(s).

Section A – Name Change – Documentation must be provided. (Driver’s License, marriage certificate...)

From: _____

To: _____

Section B – Address Change – NOTE: Changes in county or state of residence could result in a change of tuition fees. If you are changing your STATE of residence, contact the Admissions Office at (803) 327-8008.

Address: _____

City: _____

State: _____ Zip: _____

County: _____ E-mail: _____

Section C – Telephone: (_____) _____ Home Cell Business
 (_____) _____ Home Cell Business

Section D – Emergency Contact: _____

Telephone: (_____) _____ Home Cell Business

FOR OFFICE USE

Date: _____

Initial: _____