

Admissions and Records 5151 Pacific Avenue, Box 102 Stockton, CA 95207

Email: admissions-followup@deltacollege.edu

Change of Information Form

If you are an employee of San Joaquin Delta College please update your information with Human Resources in Administration 202.

| Full Name: | Delta ID: (Currently in our system) |
|--|--|
| Please indicate the purpose for submitting this form: | |
| Financial Aid: To verify self-reported student information Application Issue Add/update or correct student information in MyDelta Portal Other: | |
| SSN CorrectionDate of Birth CorName Correction | rections: Valid government issued ID and SSN card. rections: Valid government issues photo ID. s: A valid government issued photo ID and a copy of your Social Security card, court documentation and/or a marriage certificate. |
| First Name: | Middle: |
| Last Name: | Suffix: |
| Date of Birth: | SSN: |
| *Main Phone Numbe | r (Include area code): *For BankMobile Purposes |
| I certify under pena | alty of perjury that the information given on this form is true and correct. |

Student Signature Date