



0300404



DATA ADD/CHANGE FORM

Gateway Technical College

PLEASE COMPLETE WITH CURRENT DATA:

Today's Date _____

Student ID# _____

Student Name: _____
Last First Middle

Previous Name (if any): _____

Date of Birth: ____/____/____ Social Security Number: _____

Mailing Address: _____
Number Street Apt#/P.O. Box (if any)

City State Zip

Telephone Number: Home Cell Business _____

Email Address: _____

NEW STUDENTS COMPLETE THE FOLLOWING ADDITIONAL INFORMATION:

Are you Hispanic or Latino (that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? Yes No

Select one or more from the following that best describes your race.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White

Gender: Male Female

Student Signature: _____

For Department Use Only

Department:

Date Entered:

Security Question/Answer Setup:

Initials: