

A new application is required if student has not attended within a year.

Student ID # / StarID: _____

Name: _____
Last First Middle

ADDRESS CHANGE

From: _____
House # Street Apt. #

To: _____
House # Street Apt. #

City State Zip

To: _____
City State Zip

State of Residency: _____ (Must be accompanied by driver's license or additional proof for financial aid)

PHONE NUMBER CHANGE

From:
H (____) _____

To:
H (____) _____

C (____) _____

C (____) _____

OPT IN FOR TEXT MESSAGING (recommended)

Would you like to receive important text messages from Dakota County Technical College? YES NO

EMAIL CHANGE

From: _____

To: _____

STUDENT SIGNATURE: _____ **DATE:** _____

This form must be submitted by the student to the Student Services Office either in person or by email to cheryl.brogger@dctc.edu