

MOHAVE COMMUNITY COLLEGE

Student Information Update – REG FORM 35



Please print clearly, in blue or black ink

Original – Registrar's Office / Copies – Campus Registration and Campus Library

Old Information

Complete All Old Information or Form will NOT be Processed

Name _____

SSN _____

MCC ID# _____

Mailing Address _____

City _____

State _____ Zip _____

Physical Address
(if different from mailing address) _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Contact Phone (_____) _____

Emergency Contact Phone (_____) _____

Emergency Contact Name _____

ETHNICITY AND RACE Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Black or African American |

Student's Signature _____

Enrollment Services Staff Initials _____

New Information

Only Fill In Information To Be Changed

Name _____

SSN _____

MCC ID# _____

Mailing Address _____

City _____

State _____ Zip _____

Physical Address
(if different from mailing address) _____

City _____

State _____ Zip _____

Home Phone (_____) _____

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Effective Change Date _____

Date Entered In System _____