

Pine Technical College  
900 Fourth Street SE  
Pine City, MN 55063

## CHANGE OF PERSONAL INFORMATION



Please note changes in personal information below.

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**Former Name**

---

**Current Legal Name**

---

**Street/Apartment Number**

---

**Social Security Number**

---

**City, State, Zip Code**

---

**County**

---

**Date**

---

**Phone Number**

---

**Signature**

*Return to: Admissions Office*  
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