

CHANGE of Student Record Information

Provide your name and SCCID# "as they currently appear" on your SCC student records

Last First MI SCC ID

Telephone # _____ Date of Birth: _____

Please check each item you wish to change & print/type those changes in the spaces provided:

1. Name - **Change to:** Last _____ First _____ MI _____

2. Social Security Number* - **Change to:** ↓ _____ ↓
**A SSN change requires that you include a copy of your SSN card for verification along with this form.*

3. Address - **Change to:** _____
Street City/State/Zip Code

4. Email Address – **Change to:** _____

5. Telephone Number – **Change to:** (_____) - _____

6. Date of Birth – **Change to:** _____ / _____ / _____

7. K12 to Grad or Grad to K12 () Verified I.D.

_____ Initials

_____ Date

Student Signature Date

For Office Use Only:
By: _____ Date: _____