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 ite	em <u>you wish to</u>	o change & pr	<u>int/type</u> those	changes in the spaces provided	
. 🗆	Legal Name* - Change to:	Last		First	MI	
:. 🗆	Preferred First Name** -			(staff enter into SPAIDEN preferred name field only)		
B. 🗆	Social Security Number***	- Change to:				
l. 🗆	Address - Change to:		Street		City/State/Zip Code	
i. 🗆	Email Address –	Change to:			· ·	
. 🗆	Telephone Number –	Change to:	()	-		
. 🗆	Date of Birth –	Change to:		1	<u>-</u>	
. 🗆	K12 to Grad or	Grad to K12				
eque **Due not sh	est.	keeping require no College syst	ments and pote	ential system iss e aware that pre	accompany a legal name change ues, your preferred first name may eferred first name will not show on by faculty.	
***A S	SSN change requires that yo	u include a copy	of your SSN c	ard for verificati	on.	
					() Verified I.D.	
					Initials	
	Student Signature	Da	ate		Date	
					For Office Use Only:	