

CHANGE of Student Record Information

FIRST: Provide your name and SSN or SCCID# "as they currently appear" on your SCC student records

_____ Last _____ First _____ MI _____ Social Security Number or SCCID# _____
Telephone # _____ Date of Birth _____

NEXT, please check **each item you wish to change and clearly print 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. Release of Information – **Change to:** Yes ___ No ___ () Verified I.D.
8. Education Goal – **Change to:** _____ Initials _____
9. Major – **Change to:** _____ Date _____
10. K12 to Grad or Grad to K12

_____ Student Signature _____ Date _____
OAR JW 9.4.13 **For Office Use Only:**
By: _____ Date: _____

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