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** ___
8. ☐ Education Goal – **Change to:** _____
9. ☐ Major Code – **Change to:** _____

_____ *For Office Use Only*:
Student Signature Date By: ____ Date: _____

OAR md 01/07

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