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. ☐ Legal Name* - Change to: *Last* _____ *First* _____ *MI* ___

2. ☐ Preferred First Name** - _____ (staff enter into SPAIDEN preferred name field only)

3. ☐ Social Security Number*** - **Change to**: _____

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

5. ☐ Email Address – **Change to**: _____

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

7. ☐ Date of Birth – **Change to:** _____ / _____ / _____

8. ☐ K12 to Grad   or   ☐ Grad to K12

*An updated copy of a government issued ID or court approved paperwork must accompany a legal name change request.

**Due to legally mandated record keeping requirements and potential system issues, your preferred first name may not show in all places across Solano College systems. Please be aware that preferred first name will not show on transcripts, grade reports, diplomas and on some class rosters that may be used by faculty.

***A SSN change requires that you include a copy of your SSN card for verification.

_____
Student Signature   Date

Please return the completed form to admissions@solano.edu for processing.

(   ) Verified I.D.

_____ Initials

_____ Date

For Office Use Only:
By: _____ Date: _____

07.29.2020 MA