

SUFFOLK COUNTY COMMUNITY COLLEGE
RECORDS CHANGE FORM

Revised: 10/30/15

Return signed and completed form to your campus Registrar's Office.

1. **BACKGROUND INFORMATION** (all students must complete):

Name (Last) _____ (First) _____ (M.I.) _____

Student ID # _____

2. **CHANGE OF NAME**

(Requires in-person processing and valid identification: Marriage/Divorce Certificate, Court Order, Driver License, U.S. Passport)

Previous Name _____ Current Name _____

3. **CHANGE OF PERMANENT ADDRESS AND PHONE NUMBER**

Previous Address: _____ New Address: _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Previous Phone # _____ New Phone # _____

4. **CHANGE OF SOCIAL SECURITY NUMBER**

(Requires in-person processing and valid identification: Social Security Card)

Incorrect SSN _____ -- _____ -- _____ Correct SSN _____ -- _____ -- _____

5. **DATE OF BIRTH CORRECTION**

(Requires valid identification: Birth Certificate or Driver License)

Incorrect DOB _____ / _____ / _____ Correct DOB _____ / _____ / _____

6. **CHANGE OF HOME CAMPUS DESIGNATION**

Current Home Campus _____ Requested Home Campus _____

7. **CHANGE OF EMPHASIS/PROGRAM** (non-restricted only):

Curriculum changes may affect your financial aid eligibility. Please see your Financial Aid Office.

Note: Students who want to apply for admission into a restricted program cannot use this form. You must consult the college catalog for admissions criteria and contact your campus Admissions Office for additional information.

Current Program: _____ Requested Program: _____

Degree Type (check one): AAS AA AS Certificate Degree Type (check one): AAS AA AS Certificate

Valid Forms of Identification: Driver license, U.S. Military Card, NYS Identification Card, Divorce/Marriage Certificate, Social Security Card, Court Action, U.S. Passport or U.S. Passport Card

Signature: _____ Date: _____

NOTE: If you are currently enrolled, you must present your SCCC ID card in order for your request to be processed. If you are not enrolled, you may use your driver license or other valid form of identification. If returning this form by mail (for changes other than name or social security number), you must send it with a photocopy of your driver license or other valid form of identification.

For Office Use Only: (SPAIDEN, SFAREGS, SGASTDN)

Processed by: _____ Campus: _____ Date: _____