CHANGE OF NAME/ADDRESS/SOCIAL SECURITY NUMBER FORM

NAME OF STUDENT: ___________________________ (Last, First, Middle)  
RCC STUDENT ID NUMBER: ___________________

☐ Change Name

NEW Name: ___________________________  
First Name ___________________________  
Middle Name ___________________________  
Last Name ___________________________  
Maiden Name ___________________________

OLD Name: ___________________________  
First Name ___________________________  
Middle Name ___________________________  
Last Name ___________________________  
Maiden Name ___________________________

Please note: All name changes must be accompanied by legal documents such as Social Security card, passport, marriage license, or divorce decree at time of request.

☐ Change Address

NEW Address: ___________________________________________  
Street Name ___________________________________________  
City ___________________________________________  
State ___________________________________________  
Zip Code ___________________________________________  
Telephone: (       ) __________ __________

OLD Address: ___________________________________________  
Street Name ___________________________________________  
City ___________________________________________  
State ___________________________________________  
Zip Code ___________________________________________  
Telephone: (       ) __________ __________

☐ Change Security Number

NEW Social Security Number: __________ __________ __________ __________  
OLD Social Security Number: __________ __________ __________ __________

Please note: All Social Security Number Changes must be accompanied by your Social Security card and picture of ID at the time of request.

_________________________________________  
STUDENT’S SIGNATURE

_________________________________________  
DATE (mm/dd/yyyy)

10.19.15