



Enrollment Center
 (Temporary location) Academic Building, Room 3-219
 1234 Columbus Avenue, Roxbury Crossing, MA 02120
 Tel. 857-701-1200 | Fax 855-670-1795
 Email: Enrollment.Management@rcc.mass.edu

CHANGE OF NAME/ADDRESS/SOCIAL SECURITY NUMBER FORM

NAME OF STUDENT (Last, First, Middle)

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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:

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OLD Social Security Number:

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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)