

**SUFFOLK COUNTY COMMUNITY COLLEGE
RECORDS CHANGE FORM**

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's License, U.S. Passport or U.S. Passport Card)

Previous Name _____ Current Name _____

3. **LEGAL SEX**

(Requires in-person processing and valid identification: Driver's License, NYS Identification Card, U.S. Passport or U.S. Passport Card)

Female (F) Male (M) Not Available (N) Another Legal Sex (X)

4. **CHANGE OF PERMANENT ADDRESS, PHONE NUMBER AND PERSONAL EMAIL**

<u>Previous Address:</u>	<u>New Address:</u>
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Previous Phone Number _____	New Phone Number _____
Previous Email Address _____	New Email Address _____

5. **CHANGE OF SOCIAL SECURITY NUMBER**

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

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

6. **DATE OF BIRTH CORRECTION**

(Requires valid identification: Birth Certificate or Driver's License)

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

7. **CHANGE OF HOME CAMPUS DESIGNATION**

Current Home Campus _____ Requested Home Campus _____

8. **CHANGE OF MAJOR/PROGRAM** (non-restricted only):

Curriculum changes may affect your financial aid eligibility. Please see your Financial Aid Office. _____
(Initial here)

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's 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's 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's license or other valid form of identification.

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

Processed by: _____ **Campus:** _____ **Date:** _____