



# STUDENT ACCOUNT INFORMATION CHANGE REQUEST

**PLEASE PRINT CLEARLY**

Current Legal Name: \_\_\_\_\_

Previous Legal Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Known Student ID Number(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**SELECT ACTION REQUESTED**

**Merge multiple student ID numbers**

*\*Documentation required: driver license OR passport AND signed social security card*

Student ID number you use: \_\_\_\_\_

**Social Security number correction**

*\*Documentation required: driver license OR passport AND signed social security card*

Correct social security number: \_\_\_\_\_

**Name change or correction**

*\*Documentation required: driver license OR passport OR marriage certificate OR divorce decree*

Correct Legal Name:

\_\_\_\_\_ *first*                      \_\_\_\_\_ *middle*                      \_\_\_\_\_ *last*                      \_\_\_\_\_ *preferred*

**Date of birth correction**

*\*Documentation required: driver license OR passport*

Correct date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*month                      day                      year*

*By signing this document, I certify that all information submitted is complete and accurate. I also understand my documentation is subject to verification by the Office of the Registrar, and in cases where submitted documentation is forged, tampered with or otherwise fraudulent, I may face criminal and/or disciplinary actions in accordance to applicable Federal and State laws, and/or college policy as defined in the Student Conduct Code.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requests may be submitted via email to [registrar@sfccollege.edu](mailto:registrar@sfccollege.edu) or in person at the Office of the Registrar at the Northwest Campus, Building R, room 112. Allow 3-5 business days for processing.

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date processed: \_\_\_\_\_