

**SUFFOLK COUNTY COMMUNITY COLLEGE
RECORDS CHANGE FORM**

DIRECTIONS:

Please provide the requested background information (Section A) and then complete the remaining sections as appropriate. Return completed form to your campus registrar's office.

A. BACKGROUND INFORMATION (all students):

Name: (Last) _____ (First) _____ (M.I.) _____
Student ID # _____

B. CHANGE OF NAME (Note: Requires legal proof and in-person processing):

Previous Name _____ Current Name _____

C. CHANGE OF ADDRESS/PHONE NUMBER:

<u>Old Address:</u>	<u>New Address:</u>
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # _____	Phone # _____

D. CHANGE OF SOCIAL SECURITY NUMBER (Note: Requires legal proof and in-person processing):

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

E. CHANGE OF HOME CAMPUS DESIGNATION:

Current Home Campus _____ Requested Home Campus _____

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

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 Name: _____

Degree Type (check one): A.A.S. A.A. A.S. Certificate

Requested Program Name: _____

Degree Type (check one): A.A.S. A.A. A.S. Certificate

Signature: _____ Date: _____

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

For Office Use Only: (SGASTDN, SFAREGS)

Processed by: _____ Campus: _____ Date: _____