

SUFFOLK COUNTY COMMUNITY COLLEGE  
RECORDS CHANGE FORM

Revised: 6/02/14

**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 valid identification and in-person processing):**

Previous Name \_\_\_\_\_ Current Name \_\_\_\_\_

**C. CHANGE OF PERMANENT ADDRESS**

Previous Address: \_\_\_\_\_ New Address: \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**D. CHANGE OF PHONE NUMBER:**

Previous Phone # \_\_\_\_\_ New Phone # \_\_\_\_\_

**E. CHANGE OF SOCIAL SECURITY NUMBER (Note: requires valid identification and in-person processing):**

Incorrect SSN \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Correct SSN \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**E. DATE OF BIRTH CORRECTION (Note: requires birth certificate or driver's license):**

Incorrect DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Correct DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**F. CHANGE OF HOME CAMPUS DESIGNATION:**

Current Home Campus \_\_\_\_\_ Requested Home Campus \_\_\_\_\_

**G. 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:** \_\_\_\_\_

**Valid Forms of Identification:** Driver's license, U.S. Military Card, NYS Identification Card, Divorce/Marriage Certificate (required for name change), Social Security Card (required for change of social security number), Court Action, U.S. Passport or U.S. Passport Card

**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.

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

**Processed by:** \_\_\_\_\_ **Campus:** \_\_\_\_\_ **Date:** \_\_\_\_\_