



Registrar's Office
 Building 2, Second Floor
 1234 Columbus Avenue,
 Roxbury Crossing, MA 02120
 Tel. 857-701-1203 fax 855-670-1795
 Registrars.office@rcc.mass.edu

CHANGE OF NAME/ADDRESS/SOCIAL SECURITY NUMBER FORM

NAME OF STUDENT (Last, First, Middle) _____

--	--	--	--	--	--

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 Social Security Number

NEW Social Security Number:

OLD Social Security Number:

Please note: All Social Security Number changes must be accompanied by your Social Security card and picture of ID at the time of request. For your security, please do not email your Social Security number.

STUDENT'S SIGNATURE _____

DATE (mm/dd/yyyy) _____