



Registrar's Office
Administration Building, Room 2-202
1234 Columbus Avenue, Roxbury Crossing, MA 02120
Tel. 857-701-1203 | Fax 855-670-1795
Email: 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 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.

STUDENT'S SIGNATURE

DATE (mm/dd/yyyy)