ROXBURY COMMUNITY COLLEGE
Gateway to the Dream

Enrollment Center
Administration Building, Room 102
1234 Columbus Ave, Roxbury Crossing, MA 02120
Tel. (617) 541-5310 | Fax (617) 427-5316
Email: Enrollment.Management@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)