

PLEASE PRINT or TYPE:

Name currently on student record: _____

Student ID Number: _____ Date: _____

Student Signature: _____

Complete ONLY the sections below that need to be updated.**CHANGE OF LEGAL NAME**

Last Name: _____ First Name: _____

Verification of legal name change is required. From your SCC email OR in-person with photo ID, please submit a copy of your Social Security card with legal name change reflected.*ADDITION OF PREFERRED NAME**

Last Name: _____ First Name: _____

Preferred name will appear on SCC email, class rosters, CANVAS, and student ID cards only. Legal name will appear on all official documents.*CHANGE OF EMERGENCY CONTACT (Check box to remove ALL previous emergency contacts from your record.)**

Contact Name: _____ Phone Number: _____

Contact in case of emergency? YES NO Contact if missing? YES NO**CHANGE OF ADDRESS****Verification of address change is required. From your SCC email please submit a copy of one of the following: Driver's license/state ID, utility bill (electric/gas/water), personal property or real estate tax receipts/bill, lease/mortgage statement, notarized statement of residency from the home owner.*New Address: _____
Street Address

City _____ State _____ ZIP Code _____

CHANGE OF PHONE NUMBER (Check box to remove ALL previous phone numbers from your student account.) New Student Phone: (_____) _____ Cell: Land Line: Text: **CHANGE OF LEGALLY ASSIGNED SEX****Verification is required. From your SCC email OR in-person with photo ID, please submit a copy of one of the following: birth certificate or court order. (Please note, if you are completing a FAFSA, you will still need to utilize the same gender that you were identified as at birth.)*Please check one: Male Female**SCC's Student information system currently only records legal sex and does not allow the option to record gender identity. However, students may select preferred pronouns and change or remove prefixes. See below.***CHANGE OF PREFERRED PRONOUN**Please check one: Him/He/His She/Her/Hers Them/They/Theirs Prefer not to identify**CHANGE OR REMOVE PREFIX (Mr., Mrs., Miss, etc. or Remove):****CHANGE OF SOCIAL SECURITY NUMBER****Verification is required. From your SCC email OR in-person with photo ID, please submit a copy of students valid Social Security Card.*

Social Security Number: _____

**This form must be submitted in person or
via email to enrollment @stchas.edu from your SCC email**