Sacramento City College
CHANGE OF DATA FORM

Admissions Use Only:
Processed By: _____
Date: _____
Comment: _____

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Name: _____ Student ID: _____
Email: _____ Phone: (_____) _____

Semester: ☐ Summer ☐ Fall ☐ Spring Year: _____ F-1 Visa Student: ☐ Yes ☐ No

All requests require a photo I.D. and any supporting documentation if applicable.
Los Rios employees must submit all name or address changes to the SCC Business Office.

Please check all applicable boxes.

I hereby authorize the SCC Admissions and Records Office to make the following correction(s) to my record:

☐ New Name: _____
Last, First, Middle Initial

☐ Social Security: _____
XXX - XX - XXXX

☐ Date of Birth: _____
MM/DD/YYYY

☐ Phone Number: (_____) _____

For Name Changes:
Please provide at least two forms of government issued I.D. with your request and/or a copy of the official name change document from the court.

☐ Emergency (WARN) Phone number: (_____)_____ Accepts Texts? ☐ Yes ☐ No

☐ Email: _____

☐ Address: _____
Street Address

_____
City State Zip

☐ Major: _____ Major Code: _____

☐ Educational Goal - Please select one of the following.

- ☐ A: Transfer to 4-year after AA/AS Degree
- ☐ B: Transfer to 4-year without AA/AS Degree
- ☐ C: Earn AA/AS Degree without transfer
- ☐ D: Earn a Vocational Degree without Transfer
- ☐ E: Earn a Vocational Certificate
- ☐ Other: _____
  **Please see A&R staff for complete list

☐ Update graduation status on record:

- ☐ I earned a High School Diploma: _____
  HS Name MM/YYYY State & Country
- ☐ I earned a GED or equivalent: _____
  Date Earned State & Country
- ☐ I did not earn a High School Diploma or equivalent.
- ☐ Other correction: _____

STUDENT SIGNATURE: _____ **DATE:** _____