



CHANGE NAME/ADDRESS/SSN

Name: _____ ID #: _____
Last First MI

ARE YOU A PCC EMPLOYEE OR WORK STUDY? IF YES, STOP!
YOU MUST CHANGE YOUR INFORMATION IN HUMAN RESOURCES, Central Administration, Room 112 at the Pueblo Campus

Please be prepared to present your social security card and picture ID for Name & SSN changes only.

Picture ID Attached Social Security Card Checked

Reason for Change:

<input type="checkbox"/> Data Entry Error	<input type="checkbox"/> Address Change
<input type="checkbox"/> Legal Name Change	<input type="checkbox"/> Other: _____

SSN Number Change

From: _____ To: _____

Name Change Notify your instructors of your name change.

Previous Name: _____ Changed To: _____
Last First MI Last First MI

Address or E-mail Change

New Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

New E-mail: _____

Are you a veteran receiving or eligible to receive educational benefits? Yes: _____ No: _____

Have you filed a graduation application? Yes: _____ No: _____

If yes, you must contact the Records Coordinator if you want your new name to appear on your diploma. CC 224, Pueblo Campus, 719-549-3017,

Student's Signature: _____ Date: _____

For Official Use Only			
Date Changed: _____	Clerk's Initials: _____	Date Veterans Changed: _____	Veterans Clerk's Initials: _____

Return form to the Records Office, Pueblo Campus, College Center, Rm. 224 or to SCCC-W, SCCC-E or Fremont Campus