

**SUSSEX COUNTY COMMUNITY COLLEGE
Office of Admissions and Registration**

CHANGE OF NAME / ADDRESS

SS# _____ Student ID # _____

CHANGE OF ADDRESS (Residence OR EMAIL)

Name:

From: _____ To _____
Email Email

From: _____ To _____
Street Street

From: _____ To _____
Town Town

From: _____ To _____
County County

From: _____ To _____
State Zip State Zip

From: _____ To _____
Phone Phone

NOTE: All requests for a change of address from out of county to in county must be documented. Students changing to an in county post office box must provide proof of an in-county street address.

CHANGE OF NAME

From: To
Last Last

From: To
First First

From: To
Middle Middle

NOTE: All requests for a name change must be accompanied by a marriage certificate, court order, SS card, drivers license, or other legal document which verifies the legal change of a name.

Student Signature _____ Date _____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX OFFICE USE ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Staff _____ Date Entered _____ Mail Hold Checked _____ Previous Name/SS # Entered _____

Instructor(s) Notified _____ Business Office Notified _____