



Office of the Registrar Records Change Request

Directions:

Please provide the requested Background Information (Section A), and then complete the remaining section as appropriate. Return to the Registrar's Office.

A. Background Information (All Students)

Name: (Last) (First) (M.I.)
MySCNM ID: Date of Birth:

B. Change of Name (Requires legal documentation and signed form. Legal documentation must include one of the following: copy of the new social security card; certified copy of a court decree dissolving a marriage/restoring maiden name; a certified copy of the court order directing a change of name; or a valid motor vehicle driver's license. For more details, see SCNM Course Catalog, Academic Policies, Change of Name.)

Previous Name: (Last) (First) (M.I.)
Current Name: (Last) (First) (M.I.)

C. Change of SCNM Email Address

Previous Email Address:
New Email Address:

D. Change of Social Security Number (Note: Requires legal proof and in-person processing)

Incorrect S.S.N.: - -
Correct S.S.N.: - -

Student Signature: **Date:**

Processed By: **Date:**

CC: Library, BO, Student Affairs, Clinical Coordinator, IT, HR