

ACADEMIC RECORDS
**Personal Information
Change**

Return the completed form to:

Academic Records Office
Bunker Hill Community College
250 New Rutherford Avenue, B204
Boston, MA 02129

scan and email to: records@bhcc.mass.edu
fax to: 617-228-2082

Today's Date: _____

BHCC ID#: _____

Name: _____

NAME CHANGE

<p>_____</p> <p>Current Name</p> <p>_____</p> <p>New Name</p> <p>Reason for change:</p> <p><input type="checkbox"/> Marriage</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Input Error</p> <p><input type="checkbox"/> Other (give reason below)</p> <p>_____</p> <p>_____</p> <p>_____</p>

SOCIAL SECURITY NUMBER CHANGE

<p>_____</p> <p>Current Social Security Number</p> <p>_____</p> <p>New Social Security Number</p> <p>Reason for change:</p> <p><input type="checkbox"/> Marriage</p> <p><input type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Input Error</p> <p><input type="checkbox"/> Other (give reason below)</p> <p>_____</p> <p>_____</p> <p>_____</p>

BIRTH DATE CORRECTION

<p>_____</p> <p>Month/Date/Year</p>

Two forms of identification are required to make changes. One **must** be a social security card, birth certificate or passport. The other ID may be a driver's license, student ID, or other legal document (court authorized name change, etc.)

Signature: _____

Date: _____