

ACADEMIC RECORDS
**Name or Social Security
Number 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

Current Name

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

SOCIAL SECURITY NUMBER CHANGE

Current Social Security Number

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

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: _____