

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**

\_\_\_\_\_

Current Name

\_\_\_\_\_

New Name

Reason for change:

Marriage

Divorce

Input Error

Other (give reason below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL SECURITY NUMBER CHANGE**

\_\_\_\_\_

Current Social Security Number

\_\_\_\_\_

New Social Security Number

Reason for change:

Marriage

Divorce

Input Error

Other (give reason below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BIRTH DATE CORRECTION**

\_\_\_\_\_

Month/Date/Year

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: \_\_\_\_\_