



San Diego Community College District
**Request for Change of Social Security Number, Name,
Date of Birth**

For office use only

☐ District
☐ City/ECC
☐ Mesa
☐ Miramar
☐ CE: _____
Date: _____
Entered by: _____
Verified by: _____

- ☐ Social Security Number Correction (Requires Documentation)*
☐ Name Change (Requires Documentation)
☐ Date of Birth Correction (Requires Documentation)
☐ Merge Duplicate Account (Requires Documentation)

Social Security No.: _____ Incorrect Social Security No.: _____
Birth Date: _____ Student ID Number(s): _____
Home Telephone: (_____) _____ Work Telephone: (_____) _____
Email: _____ Do you currently have a Photo ID? ☐ Yes ☐ No
Present Name: _____
(Print) Last First Middle
Former Name: _____
(Print) Last First Middle

***Students Currently Enrolled in a Total/Partial Online Class**

If your request is for Social Security Number correction, your Student Identification Number may change when combining your records. Please notify your instructor to prevent loss of your academic work for the class.

Student Certification: I declare that the foregoing is true and correct and that this change of Social Security Number, Name, Date of Birth, and/or Address change will not be used for fraudulent purposes and represents a bona fide change in the sense that it is to be or has been used by me consistently. I understand that this change will not remove former names or a former Social Security number from my permanent record.

Student Signature: _____ Date: _____

Distribution: White – District Records Yellow – Student

SS-SSNMCHGE 04/2020