



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

**SMCCCD**

# CHANGE OF PERSONAL INFORMATION

## Check Appropriate College

Admissions  
Cañada College  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Admissions  
College of San Mateo  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Fax: (650) 574-6506

Admissions  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Fax: (650) 738-4200

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Must present Social Security card, photo ID, court documents, and other supporting documentation may be required.**

### SOCIAL SECURITY NUMBER / STUDENT ID G# CHANGES

- Change my social security number from SS# \_\_\_\_\_ to SS# \_\_\_\_\_
- Add my social security number to my student record: \_\_\_\_\_
- I have more than one student ID# / SS#. Please list if known.  
 Number \_\_\_\_\_ Number \_\_\_\_\_  
 Number \_\_\_\_\_ Number \_\_\_\_\_

### NAME/DATE OF BIRTH / GENDER CHANGES

Previous Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Current Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Correct my date of birth as follows (MM/DD/YY): Wrong DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Correct DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_

### ADDRESS/PHONES CHANGE

Legal: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Mailing (if different than Legal): \_\_\_\_\_  
(Address) (City) (State) (Zip)

Telephone Number: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

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