



BURLINGTON
COUNTY COLLEGE

STUDENT RECORD CHANGE REQUEST

Current Information

Please print the information below

Social Security No. _____ — _____ — _____

Student ID # _____

Address _____

City _____ State _____ Zip _____

Home Phone # (_____) _____

Cell Phone # (_____) _____

Name _____
Last First M.I.

Email _____

OFFICE USE ONLY

☐ Change Completed Date _____

Initials _____

FORM 42200-012 07/08 (Rev.)

Corrected Information

Please print *only* the *corrected* information below

New Social Security No. _____ — _____ — _____

New Address _____

City _____ State _____ Zip _____

New Home Phone # (_____) _____

New Cell Phone # (_____) _____

New Name _____
Last First M.I.

New Email _____

Basis of Name Change *(Documentation Must Be Attached)*

☐ Marriage License

☐ Court Order

☐ Birth Certificate

☐ Records Error

Student Signature _____

Date _____