



NAME CHANGE FORM

REQUIRED DOCUMENTATION:

- 1) Social Security Card or Court Order with the New Name
- 2) Valid photo identification

Date _____

Student ID Number _____
(Please refer to the front of your student ID card)

Phone Number _____

PLEASE PRINT YOUR "LEGAL" NAME AS REGISTERED WITH RCC (DO NOT USE NICKNAMES):

Last

First

Middle

PLEASE PRINT YOUR NEW "LEGAL" NAME

Last

First

Middle

Reason for Name Change: _____

Have you applied for or been awarded financial assistance during the academic year in which the change is to become effective?

Yes No

Will you use Veterans Benefits?

Yes No

ATTENTION:

Once the name change process is complete, you will be required to login to WebAdvisor, Student Email, and Moodle using your new name.

Student Signature

Unless sent from an official Rockingham Community College email account, this form must have a handwritten signature.

Office Use Only:	Received by _____	Date _____	**Attach documentation **
	Processed by _____	Date _____	Colleague/Doc E Scan/Track-It/File (if applicable)