

Merced College  
Name/Address Change Form

Email completed form to admissions@mccd.edu or fax to 209-384-6339



\_\_\_\_\_  
Last Name (Currently on file – OLD name)      First Name (Currently on file – OLD name)      Student/Employee ID #  
**NOTE:** Name changes require a copy of your Social Security card.

**NAME CHANGE SECTION ONLY.** If no name change skip this area. Only write the name to be changed in this box.

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

\_\_\_\_\_  
New Home (Physical) Address (No P.O. Box)

Text Approved

\_\_\_\_\_  
Primary Phone Number

Text Approved

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Secondary Phone Number

\* By checking Text Approved I authorize text messages to be sent and accept responsibility for any charges that result.

\_\_\_\_\_  
New Mailing Address (If different than above)

**Office Use ONLY**

Employee

\_\_\_\_\_  
City      State      Zip

**Personal Email Change**

\*Merced College Student Emails will not be changed\*

**Only one personal email will be on file**

\_\_\_\_\_  
New Email

\_\_\_\_\_  
Email to Remove

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Merced College  
Name/Address Change Form**