

**Merced College
Name/Address Change Form**



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) _____ Primary Phone Number Text Approved

City _____ State _____ Zip _____ Secondary Phone Number Text Approved

* 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)

City _____ State _____ Zip

Office Use ONLY
Employee

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

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