

**Student ID#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Last Four of SSN:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Current Address and Phone Number** – Required. *Your address and phone number will be updated to reflect the following:*

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**Name Change** - *Complete this section if you are requesting a name change in your student records.*

If you are requesting a change of legal name, you must provide:

1. A completed **Change of Biographical Data** form.
2. Legal documentation showing both the previous and the new name. Acceptable documents include: birth, marriage, or divorce certificate; divorce decree; immigration papers such as certificate of naturalization or permanent resident card; or other certified court documents.
3. Photo identification.

**Note:** Changing your name will also change your CCCC email address and Moodle access. For more information, contact the Help Desk at [helpdesk@capecod.edu](mailto:helpdesk@capecod.edu) or 774.330.4004 and Moodle Student Help at [moodlestudenthelp@capecod.edu](mailto:moodlestudenthelp@capecod.edu) or 508.375.4040.

Your Previous Legal Name:

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

Your New Legal Name:

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

Preferred First Name\*: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

\* *Fill this in only if your new legal name is not the same as the name you prefer to be called.*

**Legal Gender Change** - *Complete this section if you are requesting a change in records of your legal gender. In addition to this form, provide original or notarized copies of court documentation of legal gender change and photo identification.*

New Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

**Social Security Number Change** - *Complete this section if you are changing your social security number. In addition to this form, documentation from the Social Security Administration and photo identification are required.*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***No changes will be made without physical (not electronic) student signature and appropriate documentation.***

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_