

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