



Change of Name/Social Security Number

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: add-drop@sfccmo.edu
Office Hours: Monday-Friday 8am-5pm

Student Information

Name: _____
SFCC Student ID or SSN: _____

Name Change

Provide ALL the documents listed below:

- Government Issued ID
- Social Security Card
- Official Name Change Document (example: marriage certificate, divorce decree, court documents ect)

Name as it currently appears on my SFCC record (please print):

Last: _____ First: _____ Middle: _____

Name Change Request (please print):

Last: _____ First: _____ Middle: _____

Preferred First Name: _____

Social Security Number Change

Provide ALL the documents listed below:

- Government Issued ID
- Social Security Card

Social Security Number currently in SFCC system: _____

Correct Social Security Number: _____

Note: Your SFCC email and username will be updated to reflect your legal name change. The updated username will be sent to a non-SFCC personal email address once the name change has been processed. Please contact the IT Help Desk at (886) 295-3070 regarding concerns about this change.

Personal Email Address: _____

Student Signature: _____ **Date:** _____

Please allow two business days for processing

Office Use Only

Processed By: _____ Date: _____