

Name Change/Address Change Form

Return form to the Admissions Office (Northway Building inside Door 1)
Or send email from SCTCC school email to enroll@sctcc.edu

Use this form to change the legal name on your student record, this also can be used to update your address on file.

Important:

- All name change requests require a photo ID, appropriate legal documentation of the change, such as marriage license, divorce decree, or court authorization granting the name change, and an SSN card.
- Do not use this form to request to use a preferred name. Instead, use the Preferred Name field in eServices found under Account Management.

SECTION A. Previous Legal Name on File		
Tech ID or StarID		
Last name currently on record	First name currently on record	Middle name or initial
SECTION B. Name Change Informat	ion (documentation required)	
Change last name to:	Change first name to:	Change middle name or initial to:
SECTION C. Address Change (if diff	erent than address on record)	
Address Line 1		
Address Line 2		
City	State	Zip
SECTION D. Signature		
Student Signature		Date
SECTION E. SCTCC use only		
Processed by		Date Processed
Documentation provided and copy attached	d :	
Marriage certificate/divorce		
Government-issued photo id		
	ew legal name (if not intending to use financial aid, not r	required)
Other		

St. Cloud Technical & Community College is a member of Minnesota State and is accredited by the Higher Learning Commission.

Affirmative Action/Equal Opportunity Education and Employer. SCTCC honors state and federal disability laws.

This document is available in alternative formats to individual with disabilities by calling (320) 308-5064 or 1 (800) 222-1009 or TTY