



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

SMCCCD

CHANGE OF PERSONAL INFORMATION

Check Appropriate College

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200

Student's ID# G: _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

Phone Number: _____ Email: _____ Date of Birth _____

Must present Social Security card, photo ID, court documents, and other supporting documentation may be required.

PREFERRED FIRST NAME

Preferred First Name: _____

Please Note: The preferred first name is used solely for faculty rosters and for CANVAS. We will use your legal name for all official college documents.

SOCIAL SECURITY NUMBER / STUDENT ID G# CHANGES

Change my social security number from SS# _____ to SS# _____

Add my social security number to my student record: _____

I have more than one student ID# / SS#. Please list if known.

Number: _____ Number: _____

Number: _____ Number: _____

LEGAL NAME/DATE OF BIRTH / GENDER / PREFERRED NAME CHANGES

Previous Name: _____
Last Name First Name Middle Name

Current Name: _____
Last Name First Name Middle Name

Correct my date of birth as follows (MM/DD/YY): Wrong DOB ____/____/____ Correct DOB ____/____/____ GENDER _____

ADDRESS/PHONES CHANGE

Legal: _____
(Address) (City) (State) (Zip)

Mailing (if different than Legal): _____
(Address) (City) (State) (Zip)

Telephone Number: Daytime: _____ Evening: _____

Student's Signature _____

Date _____

OFFICE USE ONLY

Received by: _____ Date: _____ Processed by: _____ Date: _____

08/2019