

## Academic Records Name or Social Security Number Change

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### Return the completed form to:

**Mail to:**  
Academic Records Office  
Bunker Hill Community College  
250 New Rutherford Avenue, B220  
Boston, MA 02129

**Email to:** academicservices@bhcc.edu  
**Fax to:** 617-228-2082

Today's Date: \_\_\_\_\_

BHCC ID#: \_\_\_\_\_

Name: \_\_\_\_\_

### Name Change

_____
Current Name
_____
New Name
Reason for change:
<input type="checkbox"/> Marriage
<input type="checkbox"/> Divorce
<input type="checkbox"/> Input Error
<input type="checkbox"/> Other (give reason below)
_____

### Social Security Number Change

_____
Current Social Security Number
_____
New Social Security number
Reason for change:
<input type="checkbox"/> Input Error
<input type="checkbox"/> Other (give reason below)
_____

Two forms of identification are required to make changes. One **must** be a social security card, birth certificate or passport. The other ID may be a driver's license, student ID, or other legal document (court authorized name change, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_