

Office U	Jse Only
Camp _	Rec

## **Student Information Change Form**

ID#	Date		
Print Name Clearly			
Signature			
COMPLETE ONLY THE INFORMATIO	N THAT YOU WANT CHA	NGED:	
New Name*			
New Address	City	StateZip	
New County	New Major		
New Primary Phone ()	New Secondary Phone ()		
New Advisor	New Emergency Contact		
Comments:*Your Username for the MySSCC portals will prior to the start of the next term.	be changed by the IT Departme	ent after the end of the current term and	