



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
Click [Here](#) to Submit

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click [Here](#) to Submit

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click [Here](#) to Submit

Student's ID# G: _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

Phone Number: _____ Email: _____ Date of Birth _____

PREFERRED/AFFIRMED FIRST NAME

Preferred/Affirmed First Name: _____

Please click here if you would like to use the first initial of your preferred first name in your email address

Please Note: The preferred/affirmed first name will only be used on class rosters, waitlists, CANVAS, and diploma. We will use your legal name for all official college documents.

PERSONAL PRONOUN (Personal pronoun will only appear on CANVAS)

- | | | | | |
|-------------------------------|------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> She | <input type="checkbox"/> He | <input type="checkbox"/> They | <input type="checkbox"/> Xe | <input type="checkbox"/> Ze |
| <input type="checkbox"/> Her | <input type="checkbox"/> Him | <input type="checkbox"/> Them | <input type="checkbox"/> Exem | <input type="checkbox"/> Zir |
| <input type="checkbox"/> Hers | <input type="checkbox"/> His | <input type="checkbox"/> Their | <input type="checkbox"/> Xyrs | <input type="checkbox"/> Zirs |

Must present Social Security card, photo ID, court documents, and other supporting documentation for any of changes request's below:

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 / 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/EMAIL/PHONE No. CHANGE

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

New Email: _____

Telephone Number: Daytime: _____ Evening: _____

Student's Signature _____

Date _____

OFFICE USE ONLY

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

04/2024