

## **CHANGE OF NAME FORM**

| OFFICE USE ONLY: |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Initials:        |  |  |  |  |  |
| Date:            |  |  |  |  |  |

| Current Name      | e·  |  | CCC ID #:  |                         |
|-------------------|---|--|--|-------------------------|
| odirone ram       | Last  | First  | M.I.   |                         |
| New Name:         |   | Date of Birth:   |  |                         |
|                   | Last  | First  | M.I.   |                         |
| Contact Emai      | il Address                                  |  | Phone #  |                         |
| the District Offi | ice)?                                       | No If yes, please go to Pe   | rsonnel Services to request name through the Internation | ame change.             |
|                   |   | NAME CHANGE  | PROCESS  |                         |
| Course Rost       | t <b>er(s)</b> : New name w                 | ear on CCC transcript (G\<br>ill appear on instructor(s)<br>y the Financial Aid Office |  | able)                   |
| Please allow      | 3-5 business days f                         | or processing and notifica   | tion of change.  |                         |
| _                 | g the processing tir<br>mitted after the en |  | access to their MyCCC acc                                | counts, so name changes |
| I have read a     | nd understand the i                         | nformation regarding the   | ame change process.                                      |                         |
| Signature         |   |  | <br>Date   |                         |