

# Student Record Change Request



Rowan College  
at  
BURLINGTON COUNTY

This form must be submitted using an RCBC student email by emailing [registration@rcbc.edu](mailto:registration@rcbc.edu), or by returning the form to the Registrar's Office in the Student Success Center (second floor) during normal business hours.

## INFORMATION ON THE FILE

Please print the information below.

Name: \_\_\_\_\_  
LAST FIRST MI

Check one:  Mr.  Mrs.  Ms.  Miss  No Prefix

Student ID #: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Address: \_\_\_\_\_

\_\_\_\_\_  
CITY COUNTY

\_\_\_\_\_  
STATE ZIP

Home Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## CORRECTED INFORMATION

Please print only the corrected information below.

Name: \_\_\_\_\_  
LAST FIRST MI

Check one:  Mr.  Mrs.  Ms.  Miss  No Prefix

Student ID #: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Check one: I am changing my:

Residential Address  Mailing Address

Address: \_\_\_\_\_

\_\_\_\_\_  
CITY COUNTY

\_\_\_\_\_  
STATE ZIP

Home Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Please check off your verifying information:

Verifying information is required for all record changes. Your request will not be processed until verifying information is received. Only the documents listed below are acceptable.

#### Name Change:

- Updated Driver's License
- Marriage Certificate
- Legal Name Change Doc.
- Records Error (provide photo ID)

#### Social Security No:

- Social Security Card

#### Address Change Residential:

- Updated Driver's License
- Utility Bill  
(e.g. gas, electric, water, sewer, not cable/internet)
- Lease Agreement
- Mortgage Statement
- City/County Tax Bill

\*Residential address change may affect your tuition rate.

#### Address Change Mailing:

- Cable/Internet Bill
- Bank Statement
- Insurance Statement  
(car, home, health)

#### Birthdate Correction:

- Driver's License
- Passport

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

#### For Official Use Only

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Notified Student: \_\_\_\_\_

Verifying Documentation is attached:  Yes  No