BERKSHIRE COMMUNITY COLLEGE

Change of Personal Information

(Please type or print)

ABOUT YOU

Current Name _____
LAST FIRST M FORMER

Student ID _____

Note: If you do not remember your Student ID, please provide the last 4 digits of your social security number and date of birth.

Social Security Number (last 4 digits): _____ Date of Birth: _____

Fill out ONLY the information to be changed. Return to the Office of the Registrar via email: registrar@berkshirecc.edu or drop off to the One Stop.

Name* _____
LAST FIRST M FORMER

If changing your name, do you want your student email address to reflect this change? ☐ Yes ☐ No – Keep my student email the same.

Gender** ☐ Female ☐ Male

Mailing Address: _____
STREET/PO BOX CITY STATE ZIP CODE

Phone Number Home: _____ Cell: _____

Email Address: _____

Student's Signature: _____ Date: _____

* Requires certified copy of court order.

** Requires certified copy of court order or other legal identification (e.g., driver's license)

FOR OFFICE USE ONLY

Entered by _____ Date _____