

---

# Metropolitan Community College

Blue River • Business & Technology • Longview • Maple Woods • Penn Valley

---

## Statistical Data Change Form

**To:** MCC Student Data Center

**Fax:** 816-759-1149

**Email:** metro.datacenter@mcckc.edu

SSN (last 4) \_\_\_\_\_ **Student ID:** \_\_\_\_\_

Birthdate (required): \_\_\_\_\_ Phone: \_\_\_\_\_

Name (required): \_\_\_\_\_

I am requesting a change of  Name  Personal Email  Address  SSN\*  Phone

I am also requesting a change of residency status. I understand that I may be required to submit a residency affidavit with proof of residency before a change will be considered.

New Name: \_\_\_\_\_

New Personal Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

School District  
(MO residents only): \_\_\_\_\_

\*If you are requesting a change in SSN please include a copy of your social security card with this form.

I AGREE to abide by all the rules and regulations of Metropolitan Community College and understand that deliberate falsification and/or omission of information may result in immediate dismissal and full loss of credits. I hereby certify that to the best of my knowledge the preceding information is true. I also understand that random and periodic residency verifications will be conducted, which will require those who are selected to complete a Residency Affidavit form and to submit documentation to prove residency at the home address on file.

**Student's signature** (required): \_\_\_\_\_ **Date** \_\_\_\_\_

For more information on residency and for a residency affidavit form please visit [www.mcckc.edu/tuition](http://www.mcckc.edu/tuition).