



**SOUTHWESTERN
COMMUNITY COLLEGE**
College of the Great Smoky Mountains

Processed by: _____
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CHANGE OF NAME/ ADDRESS NOTIFICATION

**** A copy of your Social Security card is required for all name changes. ****

COLLEAGUE ID #: _____

CURRENT NAME: _____
(First) (Middle) (Last)

PREVIOUS NAME: (If Applicable) _____
(First) (Middle) (Last)

MAILING ADDRESS: _____

HOME NUMBER: _____

CELL NUMBER: _____

SIGNATURE: _____

DATE: _____

Please note that if you change your name after the start of the semester, your SCC accounts will not change until the beginning of the following semester. Also, you will lose any email that is in your current account, so before the semester ends please print or forward any email that you want to keep to another account.

Admissions Office: 447 College Drive • Sylva, North Carolina 28779
• (828) 339-4253 • Fax (828) 339-4444 • www.southwesterncc.edu