
Metropolitan Community College

Blue River • Longview • Maple Woods • Penn Valley

Statistical Data Change

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 Gender

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: _____ Gender: _____

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 with the Records Office.

Student's signature (required): _____ **Date:** _____