STATE COLLEGE OF FLORIDA
MANATEE-SARASOTA

EDUCATIONAL RECORDS
5840 26th St., W., Bldg. 1, Rm. 146, Bradenton, FL 34207 • 941-752-5050 phone • 941-727-6380 fax
8000 S. Tamiami Tr., Bldg. 100, Venice, FL 34293 • 941-408-1300, ext. 65050 phone • 941-480-3156 fax
e-mail: records@scf.edu

# REQUEST FOR CHANGE OF NAME / ADDRESS

**SCF ID NUMBER**

**G00** _____

_____ _____ _____
Last Name First Name M.I.

**NEW NAME:** **If changing your name for any reason, a copy of a court issued document must be provided. (i.e. marriage certificate, divorce decree)**

_____
Last First Middle

Spouse's Name (if changed by marriage) _____

Do you want a new SCF student E-mail address generated reflecting your new name? Yes _____ No _____

**NEW ADDRESS:**

_____
Address Apt. Number

_____
City State Zip Code

_____
Home Phone Business Phone Cell Phone

**EMERGENCY CONTACT:**

_____
Name Relationship to student

_____
Home Phone Business Phone Cell Phone

Check one (if applicable):

- ❑ I am an International Student on an F-1 student status.
- ❑ I have applied for graduation and request that my diploma be sent to the above new address.

_____ _____
Student Signature Date

**For Office Use Only:**

Date Input: _____

Initials: _____