RECORDS OFFICE:

CHANGE OF NAME / GENDER / ADDRESS / PHONE FORM

Please complete the appropriate sections of this form to request a change of your student information. Verification is required for a name change, or a change that will affect residency status.

STUDENT ID Number: _________________________________________

NAME CHANGE

Please present your marriage certificate, divorce decree, social security card, state identification card, state driver’s license or certified copy of a court order indicating a legal name change has been granted to the Records Office.

Students who are also changing gender, must provide the certified copy of a court order indicating a legal name change has been granted to the Records Office.

Prior Name: _________________________________________________

New Name: _________________________________________________

GENDER CHANGE

Please provide a certified copy of a court order showing the change of gender, or other legal identification, such as a Massachusetts driver’s license, reflecting the new gender.

New Gender: _______

ADDRESS CHANGE

New Billing Address (no verification is necessary)    Permanent Address (if different)

__________________________________________________________  __________________________________________________________
Street                                                                 Street – must be a street address – not a PO Box
__________________________________________________________  __________________________________________________________
City / Town  State  Zip Code                              City / Town  State               Zip Code

PHONE NUMBER

(______)     ____ - _________

If you are changing your state of residence, this may impact the tuition rate you are charged. If establishing Massachusetts residency, you will need to complete the Massachusetts In-state tuition eligibility form. If you are changing your residence to a New England state other than Massachusetts (NH, VT, ME, CT or RI), then you will also need to complete the Massachusetts In-state tuition eligibility form, provide proof residency and check off the “New England Board of High Education’s Regional Student Program” eligibility (NEBHE RSP) on this form. If you do not provide documentation in either of these cases, you will receive the out-of-state tuition rate for all state supported courses you enroll in.

PRINTED NAME: ______________________________________________

SIGNATURE: ______________________________________________________  DATE: ______________________

☐ OFFICE USE ONLY: Notify IT via School Dude of student’s name change.
MASSACHUSETTS COMMUNITY COLLEGES - IN-STATE TUITION ELIGIBILITY FORM

Last Name_________________________ First Name ___________________________ MI _____
Street Address________________________ City __________________ State ____ Zip Code ______
Student I.D. Number __________________________ Date of Birth __________________

Are you a U.S. Citizen? □ Yes □ No. If not please complete the following:

Are you a Permanent Resident? □ Yes □ No. (If yes, list alien registration number:__________)
If no have you been granted a deferment under DACA? □ Yes □ No
If yes have you obtained your EAS (employment Authorization Document) □ Yes □ No
If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status in
detail: ______________________________________________________________________
________________________________________________________________________

Please check the in-state or reduced tuition eligibility category that applies to you:

☐ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.
As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall
present to the institution upon request. These documents* are dated within one (1) year of the start date of the
academic semester for which I seek to enroll (except possibly for my high school diploma). The institution
reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of
any additional documentation it deems necessary. Please check-off those documents you possess as proof of
your intent to remain in Massachusetts.

☐ Valid Driver’s license ☐ Utility bills* ☐ Employment pay stub*
☐ Valid Car registration ☐ Voter registration* ☐ State/Federal tax returns*
☐ Mass. High School Diploma ☐ Signed lease or rent receipt* ☐ Military home of record*
☐ Record of parents’ residency for unemancipated person* ☐ Other____________

☐ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.
☐ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or
incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition
refund.

Applicant Signature: ____________________________ Date ______________
Parent/Guardian Signature: ____________________________ Date ______________

(Applicant is Under 18 Years Old)
FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX
I have reviewed the above information in order to determine this individual’s eligibility to receive the in-state
tuition rate.
Based on my review I have determined that this individual:
☐ IS eligible for the in-state tuition rate.
☐ IS NOT eligible for the in-state tuition rate.
☐ I am unable to make a determination at this time. The following additional information has been requested
from the applicant: ______________________________________________________________________

Authorized College Personnel: ______________________________________________________ Date