Center for Workforce Development & Continuing Education

25 Federal Street Worcester, MA 01608

508.751.7900 / [cce@qcc.mass.edu](mailto:cce@qcc.mass.edu)

**Change of Information Request**

QCC ID Number Social Security Number (Last 4 ONLY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled? **Yes / No**

Important Information:

* **We must be able to match your information on 3 different data points (i.e . QCC ID #, DOB and last name)**

Current Name on Record with QCC Change My Name to:

Name\* Name\*

Current Address on Record with QCC \*Change My Address to

Street Address Street Address

City/State/Zip City / State / Zip

**\*Is this an address where you intend to remain permanently? Yes / No**

Other Information On Record with QCC Other Information Requested to Change

Home Phone Home Phone

Cell Phone Cell Phone

Alternate (non-QCC) Email Alternate (non-QCC) Email

Student Signature Date

# Please Return Completed Form to:

**Center for Workforce Development and Continuing Education, Room 329, 25 Federal Street, Worcester, MA 01608**

**cce@qcc.mass.edu**

Change of Information 02/2019