
Stark State College
Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720
(330) 494-6170 | Fax-(330) 966-6598
www.starkstate.edu | studentservices@starkstate.edu



CHANGE OF NAME OR ADDRESS

please print in blue or black ink only

Student Name _____ SSC Student ID _____

Please complete this form with your correct name or address and return it to Gateway Student Services, room M102. **Change of name must include documentation (i.e. driver's license, Social Security card, legible court documentation).**

Please note: When name changes are completed in our system, your student email address is also updated to reflect your new name. Your old email account and all items it contains will be **permanently** deleted and is not recoverable. Please make copies or backup any information you need to keep prior to turning in this form.

Former Name _____

Other names used in the past _____

Social Security Number _____

Street Address _____

City, State, Zip Code _____

County _____

Telephone Number (home) _____ (cell) _____

Home email _____

Date this change takes effect _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Processed Date _____ Initials _____