



Office Use
Processor _____
Date _____

## Change of Information

**Directions:** Use a pen to complete only the information that needs to be changed, added and/or corrected; be sure to sign and date the bottom. Return form to the Office of Records, Registration and Veterans' Affairs (RCF 233). For change of immigration status, please complete the Change of Immigration Status form in the Office of Admissions and Advising (RCF 242). **Students on an F-1 visa, utilizing the Maryland Dream Act, or applying to/enrolled in an Allied Health Program are urged to consult the Office of Admissions and Advising before submitting this form.** Students requesting a change in residency status must also fill out an Application for Change of Residency Status available at [howardcc.edu/rrvaforms](http://howardcc.edu/rrvaforms).

**Student ID Number:**

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**Name on Record:** \_\_\_\_\_  

Last
First
Middle
Suffix

**Updated Name:** \_\_\_\_\_  

Last
First
Middle
Suffix

**Social Security Number [SSN]:** (Complete this section only if you need to add or change your SSN on file.)

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**NOTE: A SSN is required to apply for financial aid and use veterans' benefits, tuition assistance, the disability waiver, and National Student Clearinghouse Services.**

**Physical Address:** (Do not list a PO Box)

Street Number & Name \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County (ie. Howard, Montgomery, etc.) \_\_\_\_\_

**Preferred Mailing Address:** (Do not complete if it is the same as above.)

Street Number & Name \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country (ie. Canada, Italy) \_\_\_\_\_

**Phones:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ May we text you?  Yes  No

**Email:** \_\_\_\_\_

**NOTE: All current students are assigned an HCC email account and are expected to regularly check it for important information.**

**Emergency Contact(s):**

**Remove:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Add/Change:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I certify that all the information I have provided is true and complete and that changing my permanent address may affect my residency status and tuition rate. I understand that failure to provide accurate information and falsification of identity can lead to legal action and college sanctions, including dismissal from the college, and/or retroactive adjustment of tuition. I agree to provide additional documents upon request to verify the information submitted on this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_