



**CHANGE OF INFORMATION**  
**(Name, Address, Phone, E-Mail, Emergency Contacts)**

**Directions:** Please print and complete all information that needs to be changed, added, and/or corrected. Please note: Photo identification is required for changes. **(For change of immigration status, please complete the Change of Immigration/Citizenship Status with an international student advisor in the Office of Admissions and Advising).**

**Student Identification Number:**

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**NAME:** \_\_\_\_\_  
Last First Middle

**ENROLLMENT TYPE:**    Credit only    Non-credit (ie. Continuing Education only)    Both

**NAME:** (Complete only those portions of name to be changed)  
Last (Family) \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_  
Suffix, if applicable (ie. Jr., Sr., III) \_\_\_\_\_

**RESIDENCY ADDRESS:** Will you reside in Howard County 3 or more months prior to enrolling for the next term?    Yes    No   **Please note: Proof of residency, including photo ID upon request.**

**Is this your preferred mailing address?**    Yes    No   **If not please complete preferred mailing address below.**

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.)**

P.O. Box Number or Street Number & Name \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country (ie. Canada, Italy) \_\_\_\_\_

**PHONE:**  
Home: \_\_\_\_\_    Day    Evening    TTY/STS  
Cell: \_\_\_\_\_   Work: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMERGENCY CONTACT(S):**  
\_\_\_\_\_  
**Remove:**  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_    Day    Evening    TTY/STS  
Cell \_\_\_\_\_   Work \_\_\_\_\_  
\_\_\_\_\_  
**Add/Correct:**  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_    Day    Evening    TTY/STS  
Cell \_\_\_\_\_   Work \_\_\_\_\_

I certify that all the information I have provided on this form is true and correct. I understand that deliberate falsification of information pertaining to my records could be sufficient grounds for dismissal from the college.

**STUDENT SIGNATURE** \_\_\_\_\_   **DATE** \_\_\_\_\_

<u>Office Use</u>
Colleague ID# _____
Processor _____ Date _____

White copy   Yellow   Revised  
Adm/Adv   Student   5/6/11