



Office of Records, Registration and Veterans Affairs [RRVA]

Office Use
Documentation Seen:
Processor
Date

Change of Information

Complete only the information that needs to be changed, added and/or corrected; sign and date the bottom. Return form to RRVA (RCF 233). For change of immigration status, complete the Change of Immigration Status form in the Office of Admissions and Advising (RCF 242). Students 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.

Student ID Number [grid]

Name changes must be accompanied by legal documentation of the name change or a valid government issued identification

Name on Record Last First Middle Suffix

Updated Name Last First Middle Suffix

Social Security Number [SSN] Complete only if you need to update your SSN; updates require showing your original SSN card to RRVA staff. Submit an initial SSN or opt out in myHCC

[SSN grid]

HCC is required to report your SSN to the Internal Revenue Service if you're registered for credit coursework. An SSN is also required to apply for financial aid, veterans benefits, tuition assistance, the disability waiver, and National Student Clearinghouse

Birthdate

Physical Address (do not list a P.O. Box)

Street Address Apt./Unit
City State Zip Code
County (i.e. Howard, Montgomery, etc.) Country (i.e. Canada, Italy)

Preferred Mailing Address (If different from physical address)

Street Address Apt./Unit
City State Zip Code
County (i.e. Howard, Montgomery, etc.) Country (i.e. Canada, Italy)

Phone: Home Cell Business

Home Email

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

Emergency Contact(s). Complete 1 form for each.

Choose one: Add Remove

First Name Last Name Relationship

Phone: Home Cell

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 information submitted on this form. By opting out of providing my SSN to HCC, I may be responsible for paying an annual IRS fine of \$100.

Student Signature Date