



Office Use
Processor _____
Date _____

Office of Records, Registration and Veterans Affairs [RRVA]

Change of Information

Directions: Use a pen to 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 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.

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 only if you need to update your SSN; updates require showing your SSN card to RRVA staff. Submit an initial SSN in myHCC)

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NOTE: HCC is required report your SSN to the Internal Revenue Service if you're registered for credit coursework. A SSN is also 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 Address _____ Apt./Unit _____
 City _____ State _____ Zip Code _____
 County (i.e. Howard, Montgomery, etc.) _____

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

Street Address _____ Apt./Unit _____
 City _____ State _____ Zip Code _____
 Country (i.e. Canada, Italy) _____

Phones Home _____ Cell _____ Cell phone provider for texting purposes _____

Email _____

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

Emergency Contact(s)

Remove: Name _____ Relationship _____

Phones Home _____ Cell _____

Add/Change 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** _____