



# Continuing Education Change of Information Form

<b>Office Use</b>
Staff _____
Date _____

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_ Phone \_\_\_\_\_

### Directions

This form is used to change your Name, Address, and/or Contact Information. You may type directly on this form, then print it out for your signature and submission. Your HCC record will be updated within two business days.

- 1) Complete only the information that needs to be changed
- 2) Print the form
- 3) Sign and date the form
- 4) Submit form by fax, U.S. mail, or in person (this completed form will not be accepted through email)

Howard Community College  
 Office of Continuing Education  
 10901 Little Patuxent Parkway  
 Columbia, MD 21044  
 Fax: 443-518-4333 | Hickory Ridge Room 100

### NAME CHANGE

Name on Record: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

New Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

### ADDRESS CHANGE\* (Do Not list a PO Box)

Street \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

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

*\*Address changes will not update residency status. Students requesting a change in residency status must also fill out an Application for Change of Residency Status available at [www.howardcc.edu/rrvaforms](http://www.howardcc.edu/rrvaforms)*

### CONTACT INFORMATION CHANGE

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

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 \_\_\_\_\_