



## Personal Information Update Form

- The Personal Information Update Form is to be completed by the student.
- Please allow 3 business days for processing of this request.

### Student Information

\_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle Initial*                      *Date*

\_\_\_\_\_  
*Student Identification Number*

### Update to Address

Permanent       Work       Billing

\_\_\_\_\_  
*Previous Street Address*

\_\_\_\_\_  
*Previous City*                      *Previous State*                      *Previous Zip*  
*Code*

\_\_\_\_\_  
*New Street Address*

\_\_\_\_\_  
*New City*                      *New State*                      *New Zip Code*

Change to Campus Information: Phone: \_\_\_\_\_ Box Number: \_\_\_\_\_

### Change of Social Security Number

\_\_\_\_\_  
*Previous Social Security Number*

\_\_\_\_\_  
*New Social Security Number (Official documentation is required.)*

### Change of Name

\_\_\_\_\_  
*New Last Name*                      *First Name*                      *Middle Initial*                      *(Official documentation required.)*

### Change of Phone Number

Removal of Phone Number: \_\_\_\_\_  HOME     MOBILE     WORK

Updated Phone Number: \_\_\_\_\_  HOME     MOBILE     WORK

### Student Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HCHC Internal Use Only

Registrar's Office Process Date: \_\_\_\_\_ Initials: \_\_\_\_\_