



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: _____