

CHANGE OF INFORMATION

(Name, Address, Phone number, E-mail, Emergency Contacts)

Directions: Please print and complete all information that needs to be changed and/or added.

HCC ID Number

Name _____
Last First Middle

Enrollment type English Institute Language (ELI) English as Second Language (ESL)

NEW ADDRESS (IN UNITED STATES)
 Street Name & Number _____ Apt./Unit _____
 City _____ State _____ Zip Code _____
 County (e.g. Howard, Montgomery, etc.) _____

NEW ADDRESS (IN HOME COUNTRY)
 Street Name & Number _____ Apt./Unit _____
 City _____ State _____ Zip Code _____
 Country (e.g. South Korea, Brazil, etc.) _____

NEW PHONE
 Home (_____) _____ day evening
 (area code)
 Cell (_____) _____ day evening
 (area code)

NEW E-MAIL _____

NAME CHANGE (Complete only those portions of name to be changed)
 Last (Family) _____
 First _____
 Middle _____

Office Use Only		
	Processor	Date
C		
D		
S		

NEW EMERGENCY CONTACT(S)
 ADD/CHANGE TO:
 Name _____ Relationship _____
Last First
 Home (_____) _____ day evening
 (area code)
 Cell (_____) _____ day evening
 (area code)
 Email _____

To the best of my knowledge, all the information I have provided on this form is correct. I understand that deliberate falsification of information pertaining to my records could be sufficient grounds for dismissal from the college.

STUDENT SIGNATURE _____ **DATE** _____