

Houston Community College CHANGE OF NAME, ADDRESS, PHONE, & SOCIAL SECURITY NO.

DATE ENTERED

STUDENT I.D.	DATE OF BIRTH	NAME	
_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	LAST	FIRST M.I.
	MO DAY YEAR.		

CHANGE OF: (CHECK ALL APPROPRIATE)	*TO BE MADE ONLY BY REGISTRAR'S OFFICE	
<input type="checkbox"/> NAME	<input type="checkbox"/> PHONE	<input type="checkbox"/> ADDRESS
<input type="checkbox"/> DATE OF BIRTH	<input type="checkbox"/> *SOCIAL SECURITY NO.	

NAME CHANGE			
NEW NAME		PREVIOUS NAME	
_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
LAST	FIRST M.I.	LAST	FIRST M.I.

ADDRESS CHANGE

SOCIAL SECURITY CHANGE

NEW HOME ADDRESS

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
NO.	STREET	APT. NO.	CITY	STATE	ZIP

CORRECT S.S. NO.

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
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INCORRECT S.S. NO.

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
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IN WHAT SCHOOL DISTRICT DO YOU RESIDE? HISD STAFFORD ALIEF KATY

CY-FAIR SPRING BRANCH FORT BEND NORTH FOREST OTHER _____

PHONE CHANGE

NEW MAILING ADDRESS

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
NO.	STREET	APT. NO.	CITY	STATE	ZIP

NEW HOME PHONE

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
(AREA CODE)		

NEW EMERGENCY PHONE

_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _
(AREA CODE)		(EXTENSION)

* If your new address changes your residency status, you must complete Change of Residency petition and submit supporting documentation.

E-MAIL ADDRESS

_ _ _ _ _ _ _ _ _ _ _ _ _ _

SIGNATURE _____ DATE _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.
FORM NO. 400 (REV.8/16 PRINT2438)