



# Change Request Form

### Office Use Only

Admission/  
Records  
Staff Initials: \_\_\_\_\_

Date Processed: \_\_\_\_\_

### Instructions

Use this form to change your home or local address, change or add a program, update your emergency contact or change your name. Complete the Student Information section and any other section where you are making changes. Return this completed form to the Registrar's Office for processing.

### Student Information *(please print clearly)*

\_\_\_\_\_  
Last Name First Name MI

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Student ID # or last 4 digits SS #

*(Forms submitted without an identifying number will not be processed.)*

\_\_\_\_\_  
Student Signature Date

### Change of Address or Phone *(please print clearly)*

Complete both your home/permanent and local address information below. Any addresses currently on file will be replaced with this information. To check current preferred address on file, see "My Profile" on WebAdvisor. Most college mail will be sent to the address you indicate as preferred. (Note: Some official documents are required to be mailed to your home/permanent address.)

#### Home/Permanent Address

Use my home/permanent address as my preferred address.

#### Local Address *(Temporary residence while attending college)*

Use my local address as my preferred address.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone (including area code) Cell Phone (including area code)

\_\_\_\_\_  
Local Phone (including area code)

### Change of Program

To change your program you must be a currently enrolled student. You are limited to two active programs. List your program(s) below. Any other active programs currently on file for you will be deactivated. Changes are effective the day entered into the system by a college official. (Please Note: Nursing, Physical Therapist Assistant, and Surgical Technology all have additional enrollment requirements. Contact the Registrar's Office for more information.)

\_\_\_\_\_  
My Primary Program (want to be in)

\_\_\_\_\_  
My Secondary Program (if applicable)

### Change of Emergency Contact

In case of emergency, the following individual is legally authorized to make decisions on my behalf. To check your current emergency contact information, see "My Profile" on WebAdvisor.

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Phone (including area code)

### Change of Name

To change your name you must present a legal document (such as driver's license, marriage certificate, court order papers, Social Security card, etc.) showing the new name.

\_\_\_\_\_  
First/Middle/Last Name as it currently appears on HC document *(please print)*

\_\_\_\_\_  
New First/Middle/Last Name *(please print)*