CHANGE OF PERSONAL DATA

NOTE: ***This is NOT a Change of Program Form***

HOUSATONIC COMMUNITY COLLEGE

REGISTRAR'S OFFICE

NAME:_____

DATE OF BIRTH: ___ ___ - ___ ___ - ___ ___

BANNER ID #: @ ___ ___ ___ ___ ___ ___ ___ ___

CHANGES TO BE MADE: Check √ Here

( ) ADDRESS – (PLEASE INCLUDE PHONE #)

( ) TELEPHONE NUMBER (ONLY)

( ) DATE OF BIRTH

CHANGE TO:

_____

_____

_____

_____

SIGNATURE: _____

DATE: _____

* Name Change form must be downloaded separately.