HINDS COMMUNITY COLLEGE
PERSONAL INFORMATION UPDATE
CHANGE REQUEST: ADDRESS – EMAIL – NAME

Name _______________________________________________ Social Security Number [ ] [ ] [ ]
(last) (first) (middle or maiden)

☐ ADDRESS CHANGE REQUEST – Only complete this section if you are changing your address

New Street/Route/Box Address _____________________________________________________________

City ________________________________________________ State ______________ Zip______________

Telephone Number (________) __________________________

☐ EMAIL CHANGE REQUEST – Only complete this section if you are changing your email address

New Email Address

☐ NAME CHANGE REQUEST – Only complete this section if you are changing your name

Old Name ______________________________________________________________________________________
(last) (first) (middle or maiden)

New Name ______________________________________________________________________________________
(last) (first) (middle or maiden)

Signed _______________________________________

Date_________________________________________

– Please Print Clearly –

R2-04/PersonalInfoUpdate/Admissions/’04ZipA-Kmr