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)

– Please Print Clearly –

Signed _____

Date _____

R2-04/PersonalInfoUpdate/Admissions/'04ZipA-K/mr