



# STUDENT INFORMATION CHANGE FORM

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

ID Number \_\_\_\_\_ Current Program \_\_\_\_\_

\*\*\*\*\* COMPLETE ONLY INFORMATION TO BE CHANGED \*\*\*\*\*

New Name \_\_\_\_\_

If you are changing your name, would you like to have your HGTC email address updated to reflect your name change? \_\_\_\_\_  
*\*Please note: Current emails cannot be moved to a new username.*

New address \_\_\_\_\_  
Street  
City State Zip

New home phone \_\_\_\_\_ New work phone \_\_\_\_\_

Reason for Change \_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_