HOUSATONIC
COMMUNITY COLLEGE

900 Lafayette Blvd.
Bridgeport, CT 06604
Fax: (203) 332-5251

CHANGE OF PERSONAL DATA

REGISTRAR'S OFFICE

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

NAME:_____

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

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

CHANGES TO BE MADE: Check √ Here

( ) ADDRESS – (PLEASE INCLUDE PHONE #)
( ) TELEPHONE NUMBER (ONLY)
( ) DATE OF BIRTH

CHANGE TO:

_____
Address
_____
City, State, Zip
_____
Phone Number
_____

SIGNATURE: _____

DATE: _____