Personal Information Change Form
Hibbing Community College
Student Services Offices
1515 East 25th Street
Hibbing, MN 55746
1-800-224-4422 or 218-262-7200
Fax: 218-263-2992

Student ID # or Star ID: ____________________________  Date: ____________________________

Name: ____________________________________  _____________________  ________________
      Last Name                                     First Name                                     Middle

When a name or social security number change is requested by a student, proof of authenticity must be reviewed prior to making the change. Proof of authenticity includes a picture ID which may include any one or more of the following: U.S. Passport, Driver’s License, School Photo ID, Native American Tribal Document, Military Card of Draft Record.

AND

One additional form of documentation which may include any one or more of the following: Marriage Decree, Divorce Decree, Court Order, Driver’s License, Certificate of U.S. Citizenship, U.S. Social Security Card or Birth Certificate.

NAME CHANGE:

Please Print Former Full Name: ______________________________________________________________
      Last                                                              First                                                              Middle

Please Print New Full Name: ______________________________________________________________
      Last                                                              First                                                              Middle

SOCIAL SECURITY # CHANGE:

Correct Social Security Number ______________________________________________________________

CHANGE OF ADDRESS:

Street Address: __________________________________________________________________________

City: ____________________________  State _____________  Zip ____________________________

Home Phone: _________________________________  Cell Phone: _________________________________

Student Signature: _________________________________  Date: ____________________________

Office Use Only

☐ Document(s) verified  ☐ ISRS Updated  ☐ D2L Administrator Notified  ☐ Imagenow

Processed By: _________________________________  Date: ____________________________

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