



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: 218-262-6717

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: _____