



**Mail to:**  
Heartland Community College  
Attn: Student Records  
1500 West Raab Road  
Normal, IL 61761

**Fax to:**  
OR (309) 268-7992  
Attn: Student Records

## CHANGE OF STUDENT INFORMATION

**PLEASE PRINT:**

Legal Name \_\_\_\_\_

HCC Student ID Number \_\_\_\_\_

I certify that I can provide documentation to verify all information on this change of student information form.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**PLEASE CHECK:**

\_\_\_\_ Name Change

\_\_\_\_ Curriculum Change

\_\_\_\_ Social Security # Change

**NOTE:** Curriculum changes will be effective for the following semester unless indicated below.

\_\_\_\_ Telephone # Change

\_\_\_\_ Academic Advisor Change

\_\_\_\_ Address Change **NOTE:** Changing your address with Heartland Community College does not automatically change your Heartland One Account information. You **need** to contact Heartland One directly.

Previous or Incorrect Name \_\_\_\_\_

Change Curriculum Code to \_\_\_\_\_

Is this change for the current semester? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate beginning date of current semester \_\_\_\_\_

Change Academic Advisor to \_\_\_\_\_

Change Telephone # to \_\_\_\_\_

Change Social Security Number to \_\_\_\_\_

Change Address to \_\_\_\_\_

P.O. Box or Street

Apt.#

City

County

State

Zip

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**Office Use Only:**

**Entry date** \_\_\_\_\_ **Entered by** \_\_\_\_\_

**Curriculum entry date** \_\_\_\_\_ **BD** \_\_\_\_\_ **Entered by** \_\_\_\_\_