



HEARTLAND  
COMMUNITY COLLEGE

**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
- Academic Advisor Change
- Telephone # 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 to \_\_\_\_\_

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** \_\_\_\_\_

**Evaluations date** \_\_\_\_\_ **Entered by** \_\_\_\_\_