



Muskegon Community College Student Personal Data Change Request

PLEASE PRINT CLEARLY

Submit this form and required documents to: MCC Records Office, 221 S Quarterline, Muskegon, MI 49442
Phone: 231-777-0250 Fax: 231-777-0209

SECTION 1 - REQUIRED

MCC ID#:	Date of Birth:	Today's Date:
Last Name:	First Name:	Middle Name:
Are you a student worker at Muskegon Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Phone Number:

A VALID, PICTURE FORM OF IDENTIFICATION MUST ACCOMPANY ALL REQUESTS (CHECK ALL THAT APPLY)

- Driver's License State ID Valid Passport (required for F-1 and J-1 international student requests)

REQUESTED CHANGES (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Correction of existing date of birth (data entry error) (Section 1) | <input type="checkbox"/> Change residency (Section 4) |
| <input type="checkbox"/> Change address and/or phone number (Section 2) | <input type="checkbox"/> Legal change of name (Section 5 – See Back) |
| <input type="checkbox"/> Legal change of Social Security Number (Section 3) | <input type="checkbox"/> Correction of existing name (data entry error) |
| <input type="checkbox"/> Correction of existing SSN (data entry error) (Section 3) | (Section 5 – See Back) |

SECTION 2 - ADDRESS/PHONE NUMBER CHANGE

This address is: Muskegon County Out-of-County

This address is my (choose all that apply): Permanent Mailing Billing

New Address (if applicable)	City	State	Zip
Former Permanent Address (currently in system)	City	State	Zip
Phone numbers, including area codes			
Home: ()	Business: ()	Cell: ()	Emergency: ()

SECTION 3 – SOCIAL SECURITY NUMBER CHANGE

The following **MUST** accompany a Social Security Change Request: Signed Social Security Card

New Social Security Number	Former Social Security Number (currently in system)
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SECTION 4 – RESIDENCY CHANGE

(Documentation must be dated at least 6 months prior to the start of the semester) County: _____

A Michigan Driver's License or State Issued ID **AND** one of the following must accompany a Residency Change Request:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Voter Identification | <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> Vehicle Insurance Certificate | <input type="checkbox"/> Property Tax Receipt |
| <input type="checkbox"/> Property Lease | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Notarized verification from a Muskegon County or Michigan resident stating you have resided with him/her for at least six months prior to the start of the semester. | |

SIGNATURE IS REQUIRED - I authorize Muskegon Community College to update my personal information per this request and to contact me, if necessary, using the information above. I verify all documents and identification presented are current and accurate.

Signature: _____ Date: _____

OFFICE USE ONLY (Please Print)

Form accepted	Date: _____	Staff Name: _____
Change completed in Colleague by Records Office	Date: _____	Staff Name: _____
Residency Changed as of	Date: _____	Semester/Year: _____



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Section 5 – NAME CHANGE

Please Note: The Name Change Process is a two-step process. (1) Your name will first be changed by the Records staff in our database system (Colleague). (2) This form is then transferred to the Office of Information Technology (OIT) so your technology accounts can also be changed.

You will be notified by the Office of Information Technology when the changes are complete.

All fields below are REQUIRED.

A Michigan Driver's License or State Issued ID **AND** one or more of the following **must** accompany a Name Change Request (check all that apply):

- Marriage Certificate Divorce Decree Court Order Signed Social Security Card (required for all MCC student workers)

Muskegon Community College ID#	Phone Number	Date of Request
New Last Name	New First Name	New Middle Name
Former Last Name	Former First Name	Former Middle Name
<input type="checkbox"/> I am currently enrolled in one or more courses using BlackBoard.		

Signature: _____

Date: _____

OFFICE USE ONLY (Please Print)

Name change accepted	Date: _____	Staff Name: _____
Name change completed in Colleague by Records Office	Date: _____	Staff Name: _____
Copy of completed name change sent to OIT by Records Office	Date: _____	Staff Name: _____
HDO Case number _____ created by OIT office	Date: _____	Staff Name: _____
Name change completed by OIT Office	Date: _____	Staff Name: _____
Student notified	Date: _____	Staff Name: _____