



## Student Personal Data Change Request

Submit this form and required documents by email to [OfficeoftheRegistrar@muskegoncc.edu](mailto:OfficeoftheRegistrar@muskegoncc.edu) or by fax to 231-777-0209.

**REQUIRED INFORMATION**

MCC Student ID#:	Date of Birth:	Today's Date:
Last Name:	First Name:	Middle Name:
MCC Email Address:	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"/> Change address and/or phone number (Section 1) | <input type="checkbox"/> Correction of existing date of birth (Section 3)                 |
| <input type="checkbox"/> Change residency (Section 2)                   | <input type="checkbox"/> Legal change or correction of social security number (Section 4) |
| <input type="checkbox"/> Gender: _____ Male    _____ Female             | <input type="checkbox"/> Legal change or correction of name (Section 5)                   |

**SECTION 1 - ADDRESS/PHONE NUMBER CHANGE**

Address		Apt #, Suite #	
City		State	Zip
(    )	(    )	(    )	(    )
Home Phone	Business Phone	Cell Phone	Emergency Phone

**SECTION 2 – RESIDENCY CHANGE**

A Michigan Driver's License or State Issued ID **AND** one of the following must accompany this request. All documents **MUST** include the address and be dated at least 6 months prior to the start of the semester.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Voter Identification          | <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> For Military Personnel, Veterans, and Eligible Dependents - Department of Defense 214 or 899 or Certificate of Eligibility<br><br><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. |
| <input type="checkbox"/> Property Lease                | <input type="checkbox"/> Utility Bill         |  |
| <input type="checkbox"/> Vehicle Insurance Certificate | <input type="checkbox"/> Property Tax Receipt |  |

**(Office Use Only)** Residency Changed as of:

Date:	Semester/Year:	Staff Name:
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## Student Personal Data Change Request

Please Note: Sections 3, 4, and 5 below require a two-step process. (1) Your information will be changed by the Student Welcome Center staff in the database system. (2) The form is then sent 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.

### SECTION 3 – BIRTH DATE

A Michigan Driver’s License or State Issued ID **MUST** accompany this request.

New Birthdate	Former Birthdate (currently in system)
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### SECTION 4 – SOCIAL SECURITY NUMBER CHANGE

A Michigan Driver’s License or State Issued ID **AND** a Signed Social Security Card **MUST** accompany this request.

New Social Security Number	Former Social Security Number (currently in system)
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### SECTION 5 – NAME CHANGE

A Michigan Driver’s License or State Issued ID **AND** one or more of the following **MUST** accompany this request (check all that apply):

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

New Last Name	New First Name	New Middle Name
Former Last Name	Former First Name	Former Middle Name

I am currently enrolled in one or more courses using Black Board.

Note: All MCC student workers must also visit the Payroll Office with a signed social security card to update employment information.

**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: \_\_\_\_\_

<b>OFFICE USE ONLY (Please Print)</b>		
Change completed in Colleague by Welcome Center _____	Date: _____	Staff Name: _____