**Student Personal Data Change Request**

Submit this form and required documents to:  
Student Welcome Center, 221 S Quarterline, Muskegon, MI 49442  
Phone: 231-777-0250 Fax: 231-777-0451

<table>
<thead>
<tr>
<th>REQUIRED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC Student ID#:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>MCC Email Address:</td>
</tr>
</tbody>
</table>

**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)

- [ ] Change address and/or phone number (Section 1)
- [ ] Correction of existing date of birth (Section 3)
- [ ] Change residency (Section 2)
- [ ] Legal Change or Correction of Social Security Number (Section 4)
- [ ] Legal change or correction of name (Section 5)

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

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt #, Suite #</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>(___)</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Business Phone</td>
</tr>
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</table>

**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.

- [ ] Voter Identification
- [ ] Property Lease
- [ ] Vehicle Insurance Certificate
- [ ] Vehicle Registration
- [ ] Utility Bill
- [ ] Property Tax Receipt
- [ ] For Military Personnel, Veterans, and Eligible Dependents - Department of Defense 214 or 899 or Certificate of Eligibility
- [ ] 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.

Office Use Only:
Residency Changed as of: Date: Semester/Year: Staff Name:
Student Personal Data Change Request

Please Note: The following sections are all a two-step process. (1) Your information will first be changed by the Student Welcome Center staff in our database system. (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.

<table>
<thead>
<tr>
<th>MCC Student ID#</th>
<th>Full Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

SECTION 3 – BIRTH DATE
A Michigan Driver’s License or State Issued ID must accompany this request.

New Birthdate | Former Birthdate (currently in system)

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)

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)

<table>
<thead>
<tr>
<th>New Last Name</th>
<th>New First Name</th>
<th>New Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Last Name</td>
<td>Former First Name</td>
<td>Former Middle Name</td>
</tr>
</tbody>
</table>

☐ I am currently enrolled in one or more courses using BlackBoard.

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: ____________

OFFICE USE ONLY (Please Print)

| Change completed in Colleague by Welcome Center | Date: ____________ | Staff Name: ______________________ |
| Sent to OIT by Welcome Center (If Applicable) | Date: ____________ | Staff Name: ______________________ |