MUSKEGON **COMMUNITY** COLLEGE

Student Personal Data Change Request

Submit this form and required documents by email to 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 <u>MUST</u> 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)
☐ Gender: _____ Male _____ Female   ☐ 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.

☐ Voter Identification   ☐ Vehicle Registration   ☐ For Military Personnel, Veterans, and Eligible Dependents - Department of Defense 214 or 899 or Certificate of Eligibility

☐ Property Lease   ☐ Utility Bill

☐ Vehicle Insurance Certificate   ☐ Property Tax Receipt   ☐ 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:

Muskegon Community College

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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)

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)

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:**_____

OFFICE USE ONLY (Please Print)

Change completed in Colleague by Welcome Center   **Date:**_____   **Staff Name:**_____