



PERSONAL DATA CHANGE FORM

80 Vandenburg Ave, Troy, NY 12180 ■ www.hvcc.edu

Complete this form to update personal information on your student record. This form must be submitted to the Registrar's Office via e-mail to registrar@hvcc.edu, in-person with picture ID, via fax at (518) 629-8094 or by mail.

Name _____
Last First Middle

ID Number H00 _____ Date of Birth _____

Please mark an "x" in the box(es) next to the type(s) of information you would like to change (check all that apply):

Address/Telephone Change – Select the type of address below to change or add to your record.

- If you have an account with BankMobile, you also need to update your address at bankmobilevibe.com.
- A permanent address is one at which you have a primary and permanent residence. A local address can be created by those who have a permanent residence out of the area to which they plan to return.
- Be sure to include your current phone number even if it has not changed.

Check here if you do not have your username and password and would like them mailed to this address.
(Your username and password can be used to access Hudson Valley WIREd, webmail and the Portal).

<input type="checkbox"/> Permanent Address:	<input type="checkbox"/> Local Address:
_____ Apt _____	_____ Apt _____
_____	_____
_____	_____
Phone Number: (_____) _____ - _____	Phone Number: (_____) _____ - _____
Cell Phone Number: (_____) _____ - _____	Cell Phone Number: (_____) _____ - _____
Effective Date: _____	Effective Date: _____

Name Change/Correction – Form must be accompanied by social security card. Your name on file with the College must match your name as filed with the Social Security Administration. Those not eligible for a social security number must provide other legal documentation (i.e. ITIN letter or court documentation).

Please provide new name _____
Last First Middle

Current name on record _____
Last First Middle

Social Security Number Entry/Correction – Request must be accompanied by social security card.
Office use only: Incorrect social security number on record _____

Date of Birth Entry/Correction – Form must be accompanied by driver's license or birth certificate.
Office use only: Incorrect date of birth on record _____

Enter Name to authorize change _____ Date _____

Office use only

Date Processed _____	<input type="checkbox"/> Alumni	<input type="checkbox"/> Student	<input type="checkbox"/> Human Resources
Initials _____	Date Copy Sent _____	<input type="checkbox"/> Retiree/Community Relations	<input type="checkbox"/> Purchasing
		<input type="checkbox"/> Payroll	