



**HOUSATONIC**  
COMMUNITY COLLEGE

900 Lafayette Blvd.  
Bridgeport, CT 06604  
Fax: (203) 332-5251

**CHANGE OF PERSONAL DATA**

**REGISTRAR'S OFFICE**

**NOTE: This is NOT a Change of Name Form**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

BANNER ID #: @ \_\_\_\_\_

CHANGES TO BE MADE:      Check  Here  
( ) ADDRESS – (PLEASE INCLUDE PHONE #)  
( ) TELEPHONE NUMBER (ONLY)  
( ) DATE OF BIRTH

CHANGE TO:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_