Change of Student Information

Please fill out this form and return to Office of Academic Records in Brown Administrative Complex, Room 154. Be prepared to provide appropriate documentation as outlined below. Contact academicrecords@hbu.edu with any questions.

Last Name on reco	rd First Name on record	H#
HCU Email		
I am requesting to	change my:	
□ Name	From:	_ To:
	Must provide □ valid photo ID (type:) <u>and</u> one of the following:
	☐ Passport (acceptable only for internati	ional students)
	☐ Birth certificate	
	☐ Marriage license	
	☐ Divorce decree	
	☐ Court order	
☐ Social Security #	_	~
	From:	
	Must provide □ valid photo ID (type:) <u>and</u> ☐ Social Security Card
☐ Phone Number	From:	To:
□ Address	From:	To:
_ rudiess	Street Address	Street Address
	Street Address	Street Address
	City, State, ZIP	City, State, ZIP
tudent Signature: _		Date:
	Office of Academic Records U	Jse Only
Updated in Banner? Processed by:	☐ Yes ☐ No	te:

