

# Personal Data Change Request

Office of Enrollment Services, Inver Hills Community College  
 2500 East 80th Street, Inver Grove Heights, MN 55076  
 Phone: 651-450-3504, Fax: 651-450-3677



(PLEASE PRINT)

Former Last Name (currently in system)	Former First (currently in system)	Former Middle (currently in system)
New Last Name (if applicable)	New First (if applicable)	New Middle (if applicable)
IHCC Student ID Number	Daytime Phone Number	
Former Social Security Number / National ID # (currently in system)	E-mail address	
Former Social Security Number / National ID # (if applicable)	Date of Birth (currently in system)	

**Self-service demographic portfolio:** To view or change any of the following personal information, please log onto <http://www.inverhills.edu>. Click on Online Inver Hills, select online services log-in.

- Address
- Phone Numbers
- E-mail Address
- Demographic Information
- Date of birth

**Staff assisted changes:** Please check all that apply

- Legal change of name
- Correction of existing name (data entry error in system)
- Legal change of existing SSN / National ID
- Correction of existing SSN / National ID (data entry error in system)
- Update marital status
- Other \_\_\_\_\_

Notes/special instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Two valid forms of Identification <b>must</b> be presented with all requests (check all that apply)	One or more of the following <b>must</b> accompany a name change request (check all that apply)
<input type="checkbox"/> Driver's license or state identification <input type="checkbox"/> Social security card with signature (this <b>must</b> accompany a social security number change) <input type="checkbox"/> IHCC identification card (this <b>must</b> accompany a social security number change) <input type="checkbox"/> Valid/unexpired passport (required for F-1 and J-1 international student requests)	<input type="checkbox"/> Marriage certificate  <input type="checkbox"/> Divorce decree  <input type="checkbox"/> Court order

I authorize Inver Hills Community College to update my personal information per this request and to correspond with me if necessary at the above personal contact information. I verify that all documentation and identification presented is current and accurate.

Student's Signature X	Date
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*Office of Enrollment Services use only*

Accepted by \_\_\_\_\_  
 4-10-2006

Completed by \_\_\_\_\_

Date of update \_\_\_\_\_