



CHANGE OF ADDRESS

CURRENT NAME: _____

SSN OR H# : _____

CHANGE MY PERMANENT HOME ADDRESS TO:

PHONE: _____

IS THIS YOUR PARENT'S ADDRESS? YES _____ NO _____

IF NOT, ARE YOU CLAIMING TO BE AN INDEPENDENT* STUDENT? YES _____ NO _____

PLEASE CHANGE MY LOCAL ADDRESS TO (address while attending HCCC):

PHONE: _____

*To be considered an Independent Student, you must meet one of the following conditions:

- 1) Be age 24 or older OR
- 2) If less than 24, you need to:
 - a. Be a Veteran, or orphan, or ward of the court OR
 - b. Have children who receive at least half of their support from you OR
 - c. Be married OR
 - d. Be currently serving on active duty in the US Armed Forces (non-training purposes).

Signature

Date

