

HONOLULU COMMUNITY COLLEGE
RECORDS OFFICE

CHANGE OF ADDRESS FORM

NAME: _____ BannerID/SSN: _____
Print Last Name, First Name, MI

NEW LOCAL Mailing Address

- No Changes
- Change - fill out below

Number Street Apt. No.

City State Zip Code

NEW PERMANENT Address

- Same as Above
- No Changes
- Change - fill out below

Number Street Apt. No.

City State Zip Code

NEW Telephone Number

- Current Number: _____
- Work Number: _____
- Other: _____ Specify: _____

Please change my records to reflect the change(s) requested above.

Student's Signature Date