

**Elgin Community College**  
**Health Professions Department**  
**STUDENT INFORMATION CHANGE**

STUDENT NAME (CURRENTLY ON FILE): \_\_\_\_\_

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

**NEW OR ADDITIONAL INFORMATION:**

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

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_