

Haywood Community College

DATA CHANGE FORM

Return to:
Enrollment Management Office
Haywood Community College
185 Freedlander Dr
Clyde, NC 28721

Colleague ID _____ or Social Security Number _____
Please complete the appropriate sections.

Name Change: Current Name _____
Former Name _____
(Name change must be accompanied by driver's license, marriage license or court order.)

Address Change: _____
Address City State Zip

_____ Telephone
County

Signature _____ Date _____

Curriculum _____ Changed on System _____
Changed on File _____