

REVISIONS FORM

MT. HOOD COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID
26000 SE STARK ST., GRESHAM, OR 97030
503-491-7262 FAX: 503-491-7379

PICTURE ID REQUIRED

NAME _____ SSN OR MHCC ID _____
(Please Print)

REVISION OF ADDRESS OR NAME

NEW LEGAL NAME _____
(You must provide a copy of a social security card with the new name.)

NEW ADDRESS _____
Street Address Apt. #

City State Zip

Phone #

REVISION OF ENROLLMENT

If you wish to change your enrollment status, please show the credit hours each term that you will attend. If you did not/will not attend, enter 0.

SUMMER CREDITS _____ FALL CREDITS _____ WINTER CREDITS _____ SPRING CREDITS _____

FOR OFFICE USE ONLY

| | | | |
|-------------------------------|--|---------------|------------|
| REVISION INFORMATION SENT TO: | <input type="checkbox"/> LENDER _____ | Initial _____ | Date _____ |
| | <input type="checkbox"/> OFFICE OF FINANCIAL AID | Initial _____ | Date _____ |
| | <input type="checkbox"/> DEPT. OF EDUCATION | Initial _____ | Date _____ |
| | <input type="checkbox"/> PERKINS (Business Office) | Initial _____ | Date _____ |

-Other Revisions or Explanations on Reverse-

