



Dual Credit Residency Change Office of Student Records

PLEASE SUBMIT THIS FORM TO YOUR HIGH SCHOOL COUNSELOR/LIASION

For more information about residency. Visit a campus or visit the website <https://www.hccs.edu/applying-and-paying/residency-information/>

HCC- Katy Campus 22910 Colonial Pkwy Katy, TX 77449 Ph.: (713) 718-5808 Fax: (713) 718-5446	HCC- Spring Branch Campus 1010 W. Sam Houston Pkwy N. Houston, TX 77043 Ph.: (713) 718-5710 Fax: (713) 718-5630	HCC- Alief Campus 2811 Hayes Rd. Houston, Texas 77082 Ph.: (713) 718-6918 Fax: (713) 718-8804
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Student's Name: _____	HCC ID: _____
Home Address: _____	
(School Seal/Stamp)	
School District: _____	High School: _____
High School Representative signature REQUIRED: _____	

Home Phone: _____	E-Mail: _____
Cellular Phone: _____	
Course Names & Numbers: _____	
Course Names & Numbers: _____	
Parent Printed Name: _____	
Parent Signature: _____	Date: _____
Student Printed Name: _____	
Student Signature: _____	Date: _____

This Section is to be completed by HCC Enrollment Services Staff:

DATE ENTERED	EFFECTIVE TERMS	INITIALS	