Los Angeles Harbor College
STUDENT INFORMATION CHANGE FORM

A. Clearly fill in the below information as it **PRESENTLY EXISTS** on your record **EVEN IF INCORRECT**.

Last Name	First Name	MI	Student ID Number	Birthdate

B. Clearly fill in **ONLY** the information you want **CHANGED.**

Information Change ***(copy of supporting documents need to be attached.)***

1. ☐ New Name: _____
   Primary: ☐
   Preferred: ☐
2. ☐ New Social Security Number: _____
3. ☐ New Telephone Number: _____
4. ☐ New Address: _____ _____ _____ _____
   Home: ☐
   Mailing: ☐
   Number Street Apt. No City State Zip
5. ☐ New Birthdate: _____
   (CA Driver's License)
6. ☐ New Email: _____
   Preferred: ☐
7. ☐ Gender: ☐ **Male** ☐ **Female** ☐ **Unknown**

Record Change To: ***(Supporting documents need to be attached.)***

8. ☐ US Citizen
   (Naturalization Certificate)
9. ☐ Cross Reference
   Previous ID Number: _____
   New ID Number: _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

☐ **Approved** ☐ **Denied**

Comments: _____ **Effective for:** _____

Intake By: _____ **Processed By:** _____ **Date:** _____