

## LASC STUDENT INFORMATION CHANGE FORM

Type your name, student ID number, and birthdate as it PRESENTLY EXISTS on your record EVEN IF INCORRECT.

Last Name	First Name	MI	Student ID Number	Birthdate

### INFORMATION CHANGE (Copy of supporting documents needs to be attached)

Type in your new address below ONLY if your record needs to be updated

Check if new address (Check box if this is a new address and records need to be updated)

Number	Street	Apt. No.	City	State	Zip

Type in below ONLY the information you want CHANGED

<input type="checkbox"/> New Name _____ (CA Driver's License)	<input type="checkbox"/> New Birthdate _____
<input type="checkbox"/> New or Correct Social Security Number _____	<input type="checkbox"/> New Telephone Nbr. _____
<input type="checkbox"/> New E-mail Address: _____	<input type="checkbox"/> Directory Release <input type="checkbox"/> Yes <input type="checkbox"/> No

### RECORD CHANGE (Supporting documents need to be attached)

U.S. Citizen (Naturalization Certificate)                       Out of State Non-Resident (Notice of Action)

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*\* STOP DO NOT ENTER ANY INFORMATION BELOW THIS AREA \*\*\* FOR ADMISSIONS & RECORDS OFFICE USE ONLY \*\*\***

Approved     
  Incomplete     
  No Action     
  Denied     
 Intake By (select your initials )

Comments

Effective for \_\_\_\_\_ Processed by \_\_\_\_\_ Revised 8/21 Office of Admissions & Records