



Please check the appropriate box for all the changes you would like to make to your records. Fill in the necessary information, sign and date below. Processing time is 5-7 business days. Official updates will be sent only to LACCD email address. Please make the necessary changes with Admissions & Records as soon as possible.

| STUDENT INFORMATION | | |
|------------------------------|---------------------------------|---------------------|
| Last Name (Surname): | First Name: | Middle Name: |
| Date: (MM/DD/YYYY) | LATTC Student ID Number: | |

| <input type="checkbox"/> Change of Address You must also update Admissions & Records Office of these changes. | | |
|---|-------------------------------|------------------|
| New Address: | | |
| City: | State: | Zip Code: |
| Home Phone Number: | Cellular Phone Number: | |

| <input type="checkbox"/> Change of Major / Program | |
|---|---|
| New Major: | Program: <input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> Certificate <input type="checkbox"/> Transfer |

| <input type="checkbox"/> Change of Sponsor New Affidavit of Support Form and Bank Statement(s) required. | |
|--|--|
| New Sponsor Name: | |
| Reason for Change: | |

| <input type="checkbox"/> Change of I-20 Student must be in good status to request extension. | |
|--|--|
| <input type="checkbox"/> Request for I-20 Extension Current Program End Date: _____ Expected Program End Date: _____ | |
| <input type="checkbox"/> Request to add dependents Relationship to student: <input type="checkbox"/> Spouse <input type="checkbox"/> Child | |

| | |
|---------------------------|------------------------------|
| Student Signature: | Date: (MM/DD/YYYY) |
|---------------------------|------------------------------|

| ISC OFFICE USE ONLY | |
|--|--------------|
| Updated in SEVIS & SIS by: | Date: |
| Updated/Entered in Database by: | Date: |