

**Lakes Region Community College - Office of the Registrar**

**PERSONAL INFORMATION CHANGE FORM**

Name: \_\_\_\_\_

Student ID or last 4# of SS# \_\_\_\_\_ DOB: \_\_\_\_\_

**CHANGE** (Check all that apply)     Name\*     Address     Phone     Email

**\*Request for name changes must be accompanied by supporting documentation; (i.e., Driver's License, Marriage or Divorce Certificate, Social Security Card, Birth Certificate).**

Information as it appears on <b><u>PRESENT</u></b> LRCC records.	<b><u>CHANGE TO:</u></b> (fill in appropriate information)
Last Name _____	<b>Last Name</b> _____
First Name _____	<b>First Name</b> _____
Mailing Address _____	<b>Mailing Address</b> _____
City _____	<b>City</b> _____
State                      Zip Code _____                      _____	<b>State                      Zip Code</b> _____                      _____
Home Phone _____	<b>Home Phone</b> _____
Cell Phone _____	<b>Cell Phone</b> _____
Business Phone _____	<b>Business Phone</b> _____
Email _____	<b>Email</b> _____

*This form will not be processed without the student's signature*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_