



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

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

<p>1. <input type="checkbox"/> New Name: _____ Primary: <input type="checkbox"/> Preferred: <input type="checkbox"/></p> <p>2. <input type="checkbox"/> New Social Security Number: _____</p> <p>3. <input type="checkbox"/> New Telephone Number: _____</p> <p>4. <input type="checkbox"/> New Address: _____ Home: <input type="checkbox"/> Number Street Apt. No City State Zip Mailing: <input type="checkbox"/></p>	<p>5. <input type="checkbox"/> New Birthdate: _____ (CA Driver's License)</p> <p>6. <input type="checkbox"/> New Email: _____ Preferred: <input type="checkbox"/></p> <p>7. <input type="checkbox"/> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown</p>
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Record Change To: *(Supporting documents need to be attached.)*

<p>8. <input type="checkbox"/> US Citizen (Naturalization Certificate)</p>	<p>9. <input type="checkbox"/> Cross Reference Previous ID Number: _____ New ID Number: _____</p>
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Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved Denied

Comments: _____ **Effective for:** _____

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