



DEMOGRAPHIC CHANGE OF INFORMATION REQUEST FORM

Please complete all applicable areas below and return this form to the **Enrollment Services Office** for processing.

If you are outside the Lake Tahoe area, this form may be mailed to Lake Tahoe Community College, ATTN: Enrollment Services office, One College Dr., South Lake Tahoe, CA 96150 or faxed to (530) 542-1781. Or e-mail to Enrollmentservices@lcc.edu

Student ID#: _____ Employee ID#: _____

Name on file: _____
Last First Middle

LTCC status (mark all that apply):

- Current student Former student
- Current employee Former employee

| | | |
|--------------------------|----------------------------|-----------------------------|
| Social Security # Change | Old Social Security Number | New Social Security Number: |
|--------------------------|----------------------------|-----------------------------|

Attach copies of your photo identification and new social security card or bring both items to the Enrollment Services office to be copied.

| | | |
|-------------|-----------|--|
| Name Change | New name: | Reason: <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Legal change <input type="checkbox"/> Error <input type="checkbox"/> Other |
|-------------|-----------|--|

Please bring a government issued identification to Admissions & Records which shows your correct name. Examples would be a passport, social security card or driver's license.

→ If you are a current or former college employee, a new social security card is required for name changes.

| | | | | | |
|----------------|------------------|----------------------------|------|-------|----------|
| Address Change | Mailing Address: | Street address or P.O. Box | City | State | Zip Code |
|----------------|------------------|----------------------------|------|-------|----------|

| | | | | |
|-------------------|---|------|-------|----------|
| Physical Address: | Permanent street address (legal residence*) | City | State | Zip Code |
|-------------------|---|------|-------|----------|

** Note: If you are attempting to establish California residency, a supplemental residency form and additional documentation will be required.*

| | | | |
|--------------|----------------|------------------|--|
| Phone Change | Primary Phone: | Secondary Phone: | |
|--------------|----------------|------------------|--|

| | | |
|-------------------|-------|--------|
| Emergency Contact | Name: | Phone: |
|-------------------|-------|--------|

| | |
|---------------|--|
| Date of Birth | |
|---------------|--|

Errors in date of birth may be corrected by bringing documentation of the correct date to the Enrollment Services office.

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|------------------------|--|
| External E-mail Change | |
|------------------------|--|

** Note: The External e-mail address change is used specifically for "password reset" purposes.*

Signature: _____ Date: _____

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|------------------------|--|---|---|
| Office Use Only | Routing: All forms: Enrollment Services (entry in Colleague) If current or former employee: Human Resources (HR files) and Payroll (entry in QSS) | | |
| | All: Appropriate documentation NAE - initials _____ EMER - initials _____ | Student: A&R – check for residency update A&R – check for graduation petition A&R – scan to student file | Employee: Employee only – forward original to HR Employee & student – copy/scan to student file and forward original to HR HR – update in QSS and forward to Payroll |
| | Comments: | | |