



# CHANGE OF INFORMATION FORM

Social Security Number	Student Number
Signature	Today's Date

<b>OFFICE USE ONLY</b>	
NAME	
CRT	_____
FILE	_____
FM CD	_____
BIRTHDATE	
CRT	_____
SOC. SEC. NO.	
CRT	_____
ADDRESS	
CRT	_____
RES	_____
LAST ENRLD YEAR/TERM	
_____	_____
FILM NO.	
_____	_____

NAME (NEW) \_\_\_\_\_  
 Last \_\_\_\_\_  
 First \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 STUDENT NUMBER \_\_\_\_\_

## PRINT CLEARLY - USE BLUE OR BLACK BALL-POINT PEN

**Must Present or Attach Photocopy of Driver's License, Marriage License, Divorce Decree, or Name Change Court Document**

### NAME CHANGE

<b>LIST ALL OTHER FORMER NAMES</b>	<b>TO:</b> (NEW NAME)	Full Legal Name - Last	First	Middle Initial
	<b>FROM:</b> (OLD NAME)	Full Legal Name - Last	First	Middle Initial
	Last/Maiden	First	Middle Initial	
	Last	First	Middle Initial	
	Last	First	Middle Initial	
	Last	First	Middle Initial	

### BIRTHDATE CHANGE

Must Present or Attach Photocopy of Birth Certificate or Driver's License

<b>TO:</b>	Month	Day	Year
<b>FROM:</b>	Month	Day	Year

### SOCIAL SECURITY NUMBER CHANGE

Must Present or Attach Photocopy of Social Security Card

<b>TO:</b>	[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]
<b>FROM:</b>	[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

<b>Lorain County Community College</b>
<b>Office of Records</b>
<b>1005 Abbe Road North</b>
<b>Elyria, Ohio 44035-1691</b>
<b>Elyria (440) 366-4067,</b>
<b>Toll Free 800-995-5222, Extension 4067</b>
<b>Fax (440) 366-4167</b>

### \*\*ADDRESS CHANGE MAY AFFECT RESIDENCY STATUS FOR TUITION/FEES\*\*

Is this your permanent and/or mailing address? Permanent Mailing

<b>TO NEW ADDRESS:</b>	Number	Street	Apt.	Area Code/Telephone Number	Date Of Residency
	City	State	Zip Code	County	
<b>FROM OLD ADDRESS:</b>	Number	Street	Apt.	Area Code/Telephone Number	Date Of Residency
	City	State	Zip Code	County	