



# CHANGE OF INFORMATION FORM

Social Security Number	Student Number
Signature	Today's Date

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

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

**NAME CHANGE**

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

**OFFICE USE ONLY**

NAME

CRT \_\_\_\_\_

SILO \_\_\_\_\_

FM CD \_\_\_\_\_

BIRTHDATE

CRT \_\_\_\_\_

SOC. SEC. NO.

CRT \_\_\_\_\_

ADDRESS

CRT \_\_\_\_\_

RES \_\_\_\_\_

LAST ENRLD YEAR/TERM

FILM NO.

**BIRTHDATE CHANGE**

Must Attach Photocopy of Birth Certificate or Driver's License

TO: Month [ ] Day [ ] Year [ ]

FROM: Month [ ] Day [ ] Year [ ]

**SOCIAL SECURITY NUMBER CHANGE**

Must Attach Photocopy of Social Security Card

TO: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]

FROM: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]

Lorain County  
Community College  
1005 N Abbe Rd  
Elyria OH 44035-1691

In person, you can drop this form off in the Enrollment Services Office.

If you want to mail or fax the form, you can mail or fax it to the Office of Records.

Elyria (440) 366-4067,

Toll Free 800-995-5222,  
Extension 4067

Fax (440) 366-4167

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

Is this your permanent and/or mailing address?  Permanent  Mailing  
(You don't have to include documentation of address change).

**TO NEW ADDRESS:**

Number	Street	Apt.	Area Code/Telephone Number	Date Of Residency
City		State	Zip Code	County

**FROM OLD ADDRESS:**

Number	Street	Apt.	Area Code/Telephone Number	Date Of Residency
City		State	Zip Code	County