



CHANGE OF INFORMATION FORM

Are you an LCCC employee? Yes No

First Name	Last Name	Student Number
Signature	Today's Date	Social Security Number

PRINT CLEARLY - USE BLUE OR BLACK BALL-POINT PEN

NAME CHANGE

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

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

GENDER CHANGE

Must Attach Photocopy of Driver's License or Court Document

TO:	<input type="text"/>
FROM:	<input type="text"/>

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY
NAME
CRT _____
SILO _____
FM CD _____
BIRTHDATE
CRT _____
SOC. SEC. NO.
CRT _____
ADDRESS
CRT _____
RES _____
GENDER
CRT _____
LAST ENRLD YEAR/TERM

FILM NO.

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, fax or email the form, you can do this Attention the Registrar Office/Records.

Elyria (440) 366-4067,

Toll Free 800-995-5222, Extension 4067

Fax (440) 366-4167

records@lorainccc.edu

ADDRESS CHANGE MAY AFFECT RESIDENCY STATUS FOR TUITION/FEES

If you are moving In-County/In-State, you must also complete a Petition for Residency form and include supporting documentation for tuition adjustment. Permanent Mailing

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	