



Email from your Zone Mail, the completed & signed form, and the required documents to lpc-admissions@laspositascollege.edu

Office of Admissions & Records
 3000 Campus Hill Drive, Bldg. 1600
 Livermore, California 94551
 Tel : (925) 424.1500
 Fax : (925) 606.6437
www.laspositascollege.edu/admissions

PERSONAL DATA CHANGE FORM

Student ID #: _____ Date: _____

Full Name: _____
PLEASE PRINT Last Name First Name Middle Name

NOTE: IF YOU ARE CURRENTLY, OR WERE RECENTLY, A COLLEGE OR DISTRICT EMPLOYEE OF THE CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT (CLPCCD), YOU MUST VISIT HUMAN RESOURCES TO MAKE CHANGES, NOT ADMISSIONS & RECORDS.

IMPORTANT: To make a change to personal information on your student record, please complete and sign this form. This form must be submitted to the Office of Admissions and Records in person with photo identification. **PLEASE ONLY FILL OUT FIELDS YOU WANT TO CHANGE AND PRINT CLEARLY & LEGIBLY.**
NOTE: If you are in the International Student Program (ISP), please submit this form to the International Student Program Office in Bldg. 1600, Rm. 1658.

ADDRESS CHANGE (For New Mailing Address: MUST INCLUDE A COPY OF A DOCUMENT THAT HAS THE NEW MAILING ADDRESS)

| New Residential Address | | New Mailing Address (if different from Residence) | |
|-------------------------|-------------|---|-------------|
| Number and Street | Apartment # | Number and Street | Apartment # |
| City | State | City | State |
| | Zip Code | | Zip Code |

CONTACT INFORMATION CHANGE

Email Address: _____

| | |
|---|---|
| <input type="checkbox"/> Home () - <input type="checkbox"/> Cell () - <input type="checkbox"/> Work | <input type="checkbox"/> Home () - <input type="checkbox"/> Cell () - <input type="checkbox"/> Work |
|---|---|

NAME CHANGE

| Former Name | New Name |
|-------------|---|
| | Copy of government-issued ID or legal documentation must be attached |
| Last Name | Last Name |
| First Name | First Name |
| Middle Name | Middle Name |

OTHER CHANGES

| | |
|---|--|
| Correct TIN/SSN to: _____ - _____ - _____ <small style="color: red;">Copy of SSN Card must be attached</small> | Correct Birthdate to: _____ / _____ / _____ <small style="color: red;">Copy of government-issued ID or legal documentation must be attached</small> |
|---|--|

Student's Signature _____ Date: _____

OFFICE USE ONLY

| | |
|--|--|
| Received by: Staff: _____ Date: _____ | Notes Staff Initials: _____ |
| Processed by: Staff: _____ Date: _____ | |