



Los Angeles Mission College

STUDENT INFORMATION CHANGE FORM

A. Clearly fill in below information as it **PRESENTLY EXISTS** on your record **EVEN IF INCORRECT**.

Last Name	First Name	Student ID Number 88- -	Birthdate
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B. Clearly fill in **ONLY** that information you want **CHANGED**.

1. New Name: _____					
	Last Name		First Name		MI
2. New Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
3. New Birthdate: _____ 4. Change of Non-Resident Status _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied					
5. New Address (check one) <input type="checkbox"/> Legal Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Both					
Number	Street	Apt No	City	State	Zip Code
6. New Major Code: _____ 7. New Educational Goal Code: _____					
8. Telephone Number: () _____					
9. Email _____					
10. Student Signature: _____ Date: _____					

FOR OFFICE USE

Residence Code: _____

Effective for: _____

By: _____

lkl 10/2007



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