



STUDENT DATA CHANGE FORM

STUDENT ID# _____ Date: _____

FULL NAME : _____

Last Name First Name Middle Name

PLEASE PRINT

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.

CONTACT INFORMATION CHANGE

PREVIOUS ADDRESS: <input type="checkbox"/> Permanent Address <input type="checkbox"/> Mailing Address			CURRENT ADDRESS: <input type="checkbox"/> Permanent Address <input type="checkbox"/> Mailing Address		
_____ <small>Number and Street</small>			_____ <small>Number and Street</small>		
_____ <small>City</small>		_____ <small>State</small>	_____ <small>Zip Code</small>		_____ <small>Apartment #</small>
_____ <small>City</small>			_____ <small>State</small>		_____ <small>Zip Code</small>

Email Address: _____

Home: ()	Cell ()
--------------	-------------

NAME CHANGE

FROM (PREVIOUS) _____ <small>Last Name First Name Middle Name</small>	TO (CURRENT) _____ <small>Last Name First Name Middle Name</small>
---	--

CHANGE OF HOME CAMPUS

Home campus change to Las Positas College
 (By selecting LPC as your home campus, students are also required to select a Las Positas major by filling out the **Change of Major Request section.**)

CHANGE OF MAJOR REQUEST

Degree: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AA-T <input type="checkbox"/> AS-T <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> Change Major Code to: _____ <small>(See Major Code Sheet back of the form)</small> <input type="checkbox"/> Effective Term (Start): _____ <input type="checkbox"/> Summer _____ (Year) <input type="checkbox"/> Fall _____ (Year) <input type="checkbox"/> Spring _____ (Year) <small>AA Associate of Arts Degree AS Associate of Science Degree AA-T Associate of Arts Transfer Degree AS-T Associate of Science Transfer Degree CA Certificate of Achievement CC Career Certificate (These certificates are not transcribed) Please review the Catalog for more information about the degrees listed above. We strongly encourage you to meet with a counselor to discuss your change of degree.</small>	<p style="text-align: center;">Catalog Rights:</p> <ul style="list-style-type: none"> • Catalog rights means that you are held to the graduation requirements listed in the catalog at the time your continuous enrollment began or in any subsequent academic year during which you maintained continuous enrollment. • To maintain continuous enrollment, you must have enrolled in at least one term (Fall or Spring) each academic year. Any academic record symbol (A-F, P, NP, I, IP, RD, W) shall constitute enrollment. <p style="text-align: center;">For Official Use Only:</p> Catalog Year: _____
--	--

OTHER CHANGES

Correct TIN/SSN to: _____ / _____ / _____ Correct Birthdate to: _____ / _____ / _____
(Proof of SSN card required.) (Proof required. E.g., Government issued ID, birth certificate, etc)

Student's Signature	Date: _____
---------------------	-------------

A&R Staff: _____ Date: _____	Notes	Date Sent to Financial Aid _____
Posted on Banner: _____ Date: _____		Date Sent to ISP _____
		Date Sent to Veterans Program _____
		Other Department _____ Date _____