



Chabot College

OFFICE OF ADMISSIONS & RECORDS

REQUEST TO CHANGE PERSONAL DATA



Las Positas College

STUDENT or EMPLOYEE ID Number _____

Name _____
Last First Middle

<input type="checkbox"/> STUDENT	Campus:
	<input type="checkbox"/> Chabot College <input type="checkbox"/> Las Positas College

STAFF ONLY	
FACULTY	<input type="checkbox"/> ADMINISTRATOR
<input type="checkbox"/> Full-time	<input type="checkbox"/> PROFESSIONAL SPECIALIST/ PROGRAM LEADER
<input type="checkbox"/> Part-time	<input type="checkbox"/> RETIREE
CLASSIFIED	District:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Hayward <input type="checkbox"/> Livermore <input type="checkbox"/> Pleasanton
<input type="checkbox"/> Part-time	
<input type="checkbox"/> Chabot College	
<input type="checkbox"/> Las Positas College	
Position Title: _____	

This is to request the following CHANGES to my official records:

Social Security Number _____ - _____ - _____ -or- Please GENERATE an assigned ID number

Date of Birth _____ / _____ / _____
Month Day Year

Name _____
Last First Middle

Major _____ (See Code A on Application for Admission Code Sheet)

Residence Address _____
Number & Street Apartment #
City State ZIP

Mailing Address _____
(If different from Residence Address) Number & Street Apartment #
City State ZIP

Home Telephone (_____) _____ Office Telephone (_____) _____

Fax Number (_____) _____ E-mail Address _____

I certify that the persons named above are one and the same person and that this request is made with no intent to defraud.
Signature _____ Date ____ / ____ / ____

I would like to keep my address and telephone confidential.

FOR OFFICE USE ONLY

Date Posted by Admissions & Records ____ / ____ / ____ Initial _____ Date Posted by Human Resources ____ / ____ / ____ Initial _____