STUDENT INFORMATION CHANGE FORM

LOS ANGELES TRADE-TECH
LATTC
A Community College

A. Clearly print your **NAME, STUDENT ID NUMBER** & **BIRTHDATE** as it **PRESENTLY EXISTS** on your record; **EVEN IF INCORRECT**

Last Name	First Name	MI	Student I.D Number	Birthdate

B. Clearly fill in **YOUR CURRENT ADDRESS**, check box if this is a new address and requires record change.

[ ] CHECK IF NEW ADDRESS

_____   _____   _____   _____
Number   Street   Apt. No.   City   State   Zip Code

C. Clearly fill in **ONLY** that information you want **CHANGED**. *(Copy of supporting document needs to be attached.)*

[ ] 1. **New Name:** _____
(As it appears on Legal ID)

[ ] 2. **New Birthdate:** _____ / _____ / _____
Month   Date   Year

[ ] 3. **Social Security Number:** _____

4. **Gender:** F [ ]   M [ ]   Non-Binary [ ]

[ ] 5. **New Telephone Number:** (_____) _____ - _____

Student Signature: _____   **Date:** _____

-------------------------------- **FOR OFFICE USE ONLY**--------------------------------

PROCESSED BY:

EFFECTIVE FOR: _____

INTAKE BY:_____