



<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>	<b>STUDENT ID NUMBER</b>
<b>SIGNATURE</b> (By my signature below, I request the changes as indicated be made to my LLCC records.)			<b>DATE</b>

☐ **Change of program(s)**

New program(s): \_\_\_\_\_

Close program(s): \_\_\_\_\_

☐ **Address change**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Are you currently a student worker or employed by LLCC? ☐ Yes ☐ No

☐ **Name change**

Previous name: \_\_\_\_\_

Change name to: \_\_\_\_\_

*Please provide name change documentation such as a driver's license, photo ID, in person at any Student Services Office.*

*Note: Inform your instructors of this change.*

Preferred name: \_\_\_\_\_

☐ **Social Security Number correction**

*To protect you from identity theft, your Social Security card or FAFSA documentation will be required to verify and update your SSN in the Lincoln Land Community College database. Please bring your documents, in person, to any Student Services office.*

Incorrect SSN in system: \_\_\_\_\_

Corrected SSN: \_\_\_\_\_

Financial Aid recipient: ☐ Yes ☐ No

Are you currently a student worker or in some other way employed by LLCC? ☐ Yes ☐ No

*The following section is for LLCC staff only*

Documentation verified by: \_\_\_\_\_ Records corrected by: \_\_\_\_\_ Date: \_\_\_\_\_