

INFORMATION CHANGE FORM

Student Information

(New name if changing, see below)

Last Name:

First:

MI:

Social Security Number:

LWTech Student ID:

Email Address:

Instructions

Check the related box. Provide documentation verifying change. Return completed form to Enrollment Services (West Building, W201).

Please update my Financial Aid record with the changes indicated below.

Please update my Human Resources record with the changes indicated below.

(LWTech and Work Study Students Only)

Address Change

Street:

Apartment #:

State:

City:

Zip:

Telephone Change

New Phone Number:

Name Change

Documents that can verify name change: marriage license, driver's license, court documentation

Previous Name (Last, First, MI):

New Name (Last, First, MI):

VERIFIED

Date:

Staff:

Name Correction

Current Name:

Correct Name:

Email Correction

Please update my student email record with the changes indicated above.

Preferred Name*

*Allow students to identify an alternative or "preferred" name for use in the classroom instead of the official name on their student record.

Gender Change

Male

Female

Prefer not to identify

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY
For EMAIL change – IT notified

RECEIVED Staff:
IT Help Desk ticket submitted:

Date: