

## ADDRESS UPDATE & INACTIVE HIGHER ONE REPLACEMENT CARD FORM

Last Name	First Name	Middle Initial	Social Security or Student ID Number		
NEW MAILING ADDRESS					
Street Number and Name			Apt/Unit Number		
City		State	ZIP Code		
Phone Number					
Community College District student	t information system. I auth aid form (FAFSA). I unders	orize the Financi	DDRESS maintained in the Los Angeles al Aid Office to update the address nt to change my LEGAL ADDRESS I must		
Student's Signature		Date			

## STUDENT AUTHORIZATION (READ BEFORE SIGNING)

You MUST read and sign this section and return this form to the Financial Aid Office or Business Office. A replacement card from Higher One (i.e., myLACCDcard) cannot be sent to you until this form has been received and reviewed.

I authorize the Los Angeles Community College District to order a replacement card for my inactive myLACCDcard. I understand that if my card was previously activated, the District will not process this request. In this case it is my responsibility to contact Higher One directly. I can contact Higher One at (877)524-3985 or go online to mylaccdcard.com.

## □ Replacement for an inactive myLACCDcard

I have read and understand the information above and understand that if I cancel or modify this authorization at any time, it may affect my receipt of a new card in a timely manner.

Student's Signature		Date			
For Office Use					
STUDENT  Confirm address (DEC, H1S, EDE) Update address (Addr Corr form) DEC H1S EDE	USPS [usps.com] Confirm address Check formatting	H1S <ul> <li>Confirm address</li> <li>Request replacement</li> </ul>	STAFF Initials: Date: DEC (H1) (S074/A074)		