Office of Admissions & Records
25555 Hesperian Boulevard, Bldg. 700
Hayward, California 94545
(510)723-6700 • Fax (510)723-7510

Office of Admissions & Records
3000 Campus Hill Drive
Livermore, CA 94551
(925) 424-1500 • Fax (925) 606-6437

STUDENT DATA CHANGE FORM

STUDENT I.D. # W _____

FULL NAME : _____
Last First Middle

PLEASE PRINT

Select one campus:
- ☐ Chabot College
- ☐ Las Positas College

ADDRESS CHANGE

PREVIOUS ADDRESS: ☐ Residence ☐ Mailing

Number and Street Apartment #

City State Zip Code

CURRENT ADDRESS: ☐ Residence ☐ Mailing

Number and Street Apartment #

City State Zip Code

Email:

Major code:

PHONE NUMBER CHANGE

Home: ( )

Work: ( )

Mobile ( )

NAME CHANGE

FROM (PREVIOUS)

Last Name

First Name **Middle**

TO (CURRENT)

Last Name

First Name **Middle**

OTHER CHANGES

☐ Correct TIN
(Taxpayer Identification Number – this number is usually the SSN):

_____/_____/_____

☐ Correct Birthdate to:

_____/_____/_____

☐ Please do not disclose my address and phone number to any 3rd party not affiliated with the College.

I hereby declare that:
- All of the information on this form pertains to me.
- Under penalty of perjury, all information submitted on this form is true and correct.
- I understand that falsification, withholding pertinent data, or failure to report changes in information may result in District action.

Signature ⌦ _____ Date: _____

OFFICE USE ONLY

Posted by: _____

Date posted by A&R _____

NOTES:

Received
Date:

PL:rb 05/12/2014