



## PERSONAL INFORMATION CHANGE FORM

Student's Name (PLEASE PRINT) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Program \_\_\_\_\_

If you are making a **name change**, list your former name and your new name and attach legal documentation that substantiates the change. If you are making a **change in your social security number**, attach legal documentation that substantiates the change. All other changes require only that you list the new information.

**Current Name** in Lake Tech's records \_\_\_\_\_

**New Name** to be in Lake Tech's records \_\_\_\_\_  
(Legal Documentation required)

**New Social Security Number** \_\_\_\_\_  
(Legal Documentation required)

**New Address** \_\_\_\_\_

**New Home Phone Number** \_\_\_\_\_

**New Work Phone Number** \_\_\_\_\_

**New Cell Phone Number** \_\_\_\_\_

**New Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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### OFFICE USE ONLY:

Information updated in the TOM system by: \_\_\_\_\_ Date \_\_\_\_\_

Information updated in the AS400 system by: \_\_\_\_\_ Date \_\_\_\_\_