



East Los Angeles College

STUDENT INFORMATION CHANGE FORM

A. Clearly fill in the below information as it **PRESENTLY EXISTS** on your record **EVEN IF INCORRECT**.

Last Name	First Name	MI	Social Security Number	Birthdate
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B. Clearly fill in **ONLY** the information you want **CHANGED**.

Information Change (*copy of supporting documents need to be attached.*)

- | | |
|--|--|
| 1. <input type="checkbox"/> New Name: _____
(CA Driver's License) | 5. <input type="checkbox"/> New Birthdate: _____
(CA Driver's License) |
| 2. <input type="checkbox"/> New Social Security Number: _____ | 6. <input type="checkbox"/> New Major Code: _____ |
| 3. <input type="checkbox"/> New Telephone Number: _____ | 7. Directory Release: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <input type="checkbox"/> New Address: _____
Number Street Apt. No City State Zip | |

Record Change To: (*Supporting documents need to be attached.*)

- | | | | |
|---|---|---|---|
| 8. <input type="checkbox"/> High School Graduate
(High School Diploma/GED) | 9. <input type="checkbox"/> California Resident (Res. Code 100)
(U.S. Residency and CA Residence Information > 1 year
prior to start of the semester) | 10. <input type="checkbox"/> US Citizen
(Naturalization Certificate) | 11. <input type="checkbox"/> Non-Resident Tuition Exemption
(298 – Certification Needed) |
|---|---|---|---|

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved **Denied**

Comments: _____ **Effective for:** _____

Intake By: _____ **Processed By:** _____ **Date:** _____