



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: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <hr/> <small>Number and Street</small> <small>Apartment #</small> <hr/> <small>City</small> <small>State</small> <small>Zip Code</small>	CURRENT ADDRESS: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <hr/> <small>Number and Street</small> <small>Apartment #</small> <hr/> <small>City</small> <small>State</small> <small>Zip Code</small>
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Email: _____ Major code: _____

PHONE NUMBER CHANGE

Home: () Work: () Mobile ()

NAME CHANGE

FROM (PREVIOUS) <hr/> <small>Last Name</small> <hr/> <small>First Name</small> <small>Middle</small>	TO (CURRENT) <hr/> <small>Last Name</small> <hr/> <small>First Name</small> <small>Middle</small>
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OTHER CHANGES

<input type="checkbox"/> Correct TIN <small>(Taxpayer Identification Number – this number is usually the SSN):</small> _____ / _____ / _____	<input type="checkbox"/> Correct Birthdate to: _____ / _____ / _____
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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: _____
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