

CHANGE OF PERSONAL INFORMATION FORM

Are you a current DCC employee: Yes No

(Please Print)

Last Name _____ First Name _____ Middle Initial _____

LOLA ID#: _____

PLEASE CHOOSE WHAT NEEDS TO BE CORRECTED:

Date of Birth: From: _____ To: _____ (attach documentation)

Gender: From: _____ To: _____ (attach documentation)

Correction of Social Security Number:
From: _____ To: _____ (attach documentation)

Change Address to: _____
Number and Street City State Zip

Check Type of Address: _____ Permanent (P)
_____ Billing (B)
_____ Local (L)
_____ Mailing (M)

Change Phone Number to: _____ Personal Cell Home Work

Student Signature: _____ Date: ____/____/____

This section is for Registrar's Office

Received by: _____ Date: ____/____/____

Processed by: _____ Date: ____/____/____