

Lassen Community College District
CHANGE REQUEST FORM

Current Legal Name: _____ Birthdate: _____
Last First MI Month/day/year

Lassen College ID: _____ OR Correct Social Security Number: _____

I am a: Student _____ Employee _____ Vendor _____

Email address (important when using Web Reg): _____

Signature: _____ Date: _____
(Required) (Required)

TYPE OF CHANGE

Please check and complete only the sections below, which require correction.

Name change: Picture ID and Social Security card are required.

Previous Name: _____

Social Security Number change: Social Security Card must be produced, write correct number above.

_____ Birthdate (document correct birthdate here): _____

_____ Correct **Mailing** Address:

Local Mailing Address: _____
PO BOX or Street

_____ City State ZIP

Permanent Mailing Address: _____
PO BOX or Street

_____ City State ZIP

_____ Phone Number: (_____) _____
Area Code

_____ Change to a New Educational Goal (MATI): _____

A= Transfer to four-year college with associate
B= Transfer to four-year college without AS
C= Earn a general education AA
D= Earn a vocational Associate's Degree (AS)
E= Earn a vocational certificate
F= Update current job skills

G= Learn job skills (new career)
H= Update current job skills
I= Maintain certificate or license
J= Educational Development
K= Improve basic skills in reading, math, etc.
L= Complete high school credit
M= Undecided

_____ Change to a NEW MAJOR (SPRO): _____

Comment regarding changes above: _____