



Office of Admissions & Records
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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: Residence Mailing

CURRENT ADDRESS: Residence Mailing

Number and Street _____ Apartment # _____
 City _____ State _____ Zip Code _____

Number and Street _____ Apartment # _____
 City _____ State _____ Zip Code _____

Email: _____

PHONE NUMBER CHANGE

Home: () _____

Work: () _____

Mobile () _____

NAME CHANGE

FROM (PREVIOUS)

TO (CURRENT)

Last Name _____

Last Name _____

First Name _____ Middle _____

First Name _____ Middle _____

OTHER CHANGES

Correct SSN to: _____ / _____ / _____

Correct Birthdate to: _____ / _____ / _____

(Proof of Card Required) Verified by: _____

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: _____

NOTES:

Received
Date:

Date posted by A&R _____