

STUDENT RECORD CHANGE FORM

[PLEASE PRINT]

LAKELAND ID NUMBER (LID)	DATE	
LAST NAME	FIRST NAME	INITIAL

ADDRESS CHANGE

EFFECTIVE DATE							
NEW ADDRESS							
CITY		STATE		ZIP		COUNTY	

A change to a Lake County address does not automatically change residency status. You must submit "Request for Change of Residency" form and acceptable documentation to the Registrar for review and approval. Fees will ONLY be adjusted prior to the start of the term.

TELEPHONE CHANGE

NEW NUMBER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
NEW NUMBER		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL

If you would like to be added to Lakeland's text-messaging Emergency Alert System, you MUST provide a cell phone number.

SOCIAL SECURITY NUMBER CORRECTION

CORRECT SOCIAL SECURITY NUMBER	
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Must present original social security card for verification.

CHANGE OF DEGREE/CERTIFICATE PROGRAM

NEW PROGRAM (NAME & CODE)		<input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATE
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CHANGE IN CONFIDENTIALITY

Confidentiality: The College may disclose Directory Information (i.e. student name, address, telephone number, date of birth, participation in officially recognized activities and sports, weight and height, team, hometown, and high school of members of athletic teams, dates of attendance, enrollment status, degree and major, awards and honors, verification of graduation and date of graduation, and student's photograph to publicize student involvement in College-related activities) without prior written consent from you.

Do you want this information to be kept confidential? No Yes

NOTE: If you select yes, this information will not be provided to prospective employers or health care organizations. Photo ID will be required to obtain or change any student information.

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Student Signature _____ Date _____