

Folsom Lake College CHANGE OF DATA FORM

Admissions Use Only:
Received & ID Verified By: _____
Date: _____
Change Completed By: _____
Date: _____

****PLEASE PRINT CLEARLY****

CURRENT STUDENT INFORMATION

Name: _____ Student ID: _____
Email: _____ Phone: (____) _____
Semester: Summer Fall Spring Year: _____ F-1 Visa Student: Yes No

All requests require a photo I.D. and any supporting documentation if applicable. Allow **10 business days** for processing. Current and Former Los Rios employees must submit all name or address changes to the FLC Business Services Office.

I hereby authorize the FLC Admissions and Records Office to make the following correction(s) to my record:
COMPLETE ONLY WHAT REQUIRES AN UPDATE TO YOUR RECORD!

New Name: _____
Last, First, Middle Initial
 Gender: Male Female
 Social Security: _____
XXX - XX - XXXX
 Date of Birth: _____
MM/DD/YYYY
 Phone Number: (____) _____
 Email: _____
 Address: _____
Street Address
City State Zip

For Name Changes:
Please provide at least two forms of government issued I.D. (one with new name & one with old name) with your request **OR** a copy of the official name change document from the court.
For Social Security # Changes:
Please provide copy of SSN card.

If changing your address:
Have you petitioned for graduation recently? Yes No
If you receive financial aid: You must update your address in your Bank Mobile account.

Emergency (WARN) Phone number: (____) _____ Accepts Texts? Yes No
 Update high school graduation status on record (provide **official** transcript or **official** GED results):
 I earned a High School Diploma: _____
HS Name MM/YYYY State & Country
 I earned a GED or equivalent: _____
Date Earned State & Country
 I did not earn a High School Diploma or equivalent.
 Other correction: _____

If updating your high school grad status:
Should we notify Financial Aid of your status change? Yes No

STUDENT SIGNATURE: DATE: