



Change of Personal Information Request

Office of the Registrar

379 Belmont Road, Laconia, NH 03246

Phone: (603) 524-3207 Fax: (603) 524-8084

Email: lccregistrar@ccsnh.edu

Student Name: _____ Student ID: _____

DOB: _____

CHANGE (Check all that apply) Name* Address Phone Email

***Request for name changes must be accompanied by supporting documentation; (i.e., Driver's License, Marriage or Divorce Certificate, Social Security Card, Birth Certificate).**

Information as it appears on <u>PRESENT</u> LRCC records.	<u>CHANGE TO:</u> (fill in appropriate information)
Last Name	Last Name
First Name	First Name
Mailing Address	Mailing Address
City	City
State Zip Code	State Zip Code
Home Phone	Home Phone
Cell Phone	Cell Phone
Business Phone	Business Phone
Email	Email

Student Signature _____ Date _____