



# Change of Contact Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ LCC ID# \_\_\_\_\_

To process your request correctly, please  all boxes that apply:

- Current Student
- Former Student
- Current Employee
- Former Employee

**PLEASE  APPROPRIATE BOX TO INDICATE CONTACT INFORMATION TO CHANGE**

Name: \_\_\_\_\_

*(attach copy of a driver's license, state issued ID card or a passport and the social security card reflecting the new name)*

Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(attach copy of SS Card)*

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(attach copy of birth certificate)*

Mailing Address:

\_\_\_\_\_  
Address City State Zip

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return form to:** Luna Community College  
Office of the Registrar  
366 Luna Drive  
Las Vegas, New Mexico 87701 **or** FAX to 505.454.5348

**Office Use Only:**

Posted to CARS by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Sent to HR by: \_\_\_\_\_ Date: \_\_\_\_\_