



Change of Contact Information

Name: _____ SSN: _____ LCC ID# _____

To process your application 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 Photo ID 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)**

Phone Number: _____

Address	City	State	Zip

Signature: _____ Date: _____

Mail form to: Luna Community College
 Office of the Registrar
 366 Luna Drive
 Las Vegas, New Mexico 87701

Fax form to: 505-454-5348

Office Use Only:

Posted to CARS by: _____ Date: _____

Copy sent to HR by: _____ Date: _____