



Change of Student Information

Student: _____ SSN: _____

PLEASE APPROPRIATE BOX TO INDICATE 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

Student Signature: _____ **Date:** _____

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

Office Use Only:

Posted to CARS by: _____ Date: _____