



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: _____