

NAME CHANGE FORM

Lakeland ID Number (LID)	Date of Birth	
PREVIOUS NAME		
Last Name	First Name	Initial
NEW NAME		
Last Name	First Name	Initial

REASON FOR CHANGE	
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Misspelling/Correction	<input type="checkbox"/> Naturalization <input type="checkbox"/> Other _____

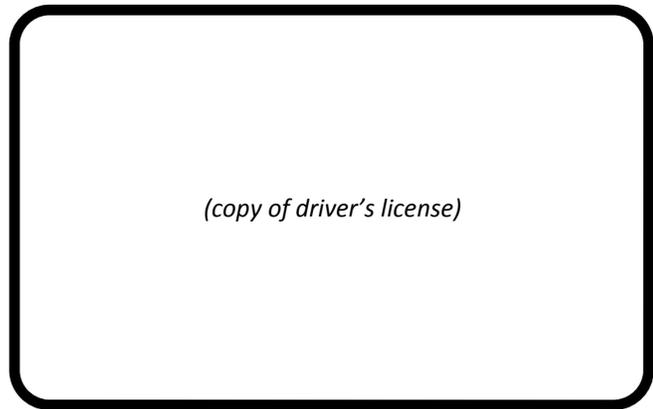
This completed form and required documentation must be submitted in person before any changes can be made to your existing academic records. An email notification will be sent to your current personal email to inform you once the change has been made. All name changes require a driver's license or state id card and one of the following original documents:

- Birth certificate
- Court order
- Marriage certificate
- Naturalization papers
- Divorce decree
- U.S. Passport

I understand it is my responsibility to notify my instructor(s) of this change to ensure grades are issued to the correct student account.

Current personal email address: _____

 Student Signature Date



For office use only

Documentation Submitted: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Marriage certificate <input type="checkbox"/> Court order <input type="checkbox"/> Naturalization papers <input type="checkbox"/> Passport	Required: <input type="checkbox"/> Driver's license or <input type="checkbox"/> State identification card
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Accepted by: _____
 Processed by: _____ Date: _____
 New LCC student email: _____