Records and Registration

Central Lakes College
A COMMUNITY & TECHNICAL COLLEGE

Personal Information Change Form

501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8031
Fax: 218-855-8269

Please Print **Former** Full Name: First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐ Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please Print **New** Full Name: First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐ Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Social Security Number: _____ Date of Birth: _____ Date: _____

Are you currently enrolled at Central Lakes College? ◯ Yes ◯ No

When a **name or social security number change** is requested by a student, proof of authenticity must be reviewed prior to making the change. Proof of authenticity includes a picture ID which may include any one or more of the following: U.S. Passport, Driver's License, School Photo ID, Native American Tribal Document, Military Card or Draft Record

AND

One additional form of documentation which may include any one or more of the following: Marriage Decree, Divorce Decree, Court Order, Driver's License, Certificate of U.S. Citizenship, *****U.S. Social Security Card, Birth Certificate.

New Permanent Address: _____	**New** Local Address: _____
City, State, Zip: _____	City, State, Zip: _____
_____	_____
Phone: _____	Phone: _____
County: _____	County: _____

Cellular Phone Number: _____ E-Mail Address: _____

I certify that all the information listed above is true and accurate. I understand that I am responsible for any errors resulting from this change.

Student Signature: _____

Please note: If you are a **Financial Aid Applicant/Recipient**, you must provide the Financial Aid Office with a copy of your new Social Security card reflecting your current legal name. In all cases involving a legal name change, this is a requirement prior to awarding any future aid. There always needs to be a permanent address for a student or their loan requests will not be able to be transmitted to the guaranty agencies.

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.

For official use only + + Please return this form to ***RECORDS AND REGISTRATION***

Picture ID must be provided ☐ **AND** one other form of ID ☐ *****Original SSN card must be provided if changing SSN ☐

Staff signature: _____ Date: _____