



Personal Information Change Request Form:

Directions:

With proper documentation, students may request CLC to change their legal name, Social Security Number, Date of Birth. Please complete the appropriate section of the form:

Student Information:

Current Name: _____ CLC TechID/StarID _____

I am submitting the following):

Legal Name Change Social Security Number Change Date of Birth Change Address Change(s)

Section 1: Legal Name Change

Changes will not be made without both required documents. Please attach one of the following: U.S. Passport, Driver's License, School Photo ID, Tribal Document, Military Card or Draft Record).
and

Additional form of documentation Marriage Decree, Divorce Decree, Court Order, Certificate of U.S. Citizenships, U.S. Social Security Card, or Birth Certificate

New Name: Last Name _____ First Name _____ Middle: _____

Former Name: Last Name _____ First Name _____ Middle: _____

Section 2: Social Security Number Changes

Please attach a copy of your social security card reflecting your current legal name.

And

please attach one of the following: Government issued picture ID (U.S. Passport, Driver's License, School Photo ID, Native American Tribal Document, Military Card or Draft Record).

New/Corrected Social Security Number: _____

Section 3: Date of Birth change

Please attach a copy of your birth certificate reflecting your correct Date of Birth.:

New Date of Birth: _____



Section 4: Address Change(s)

Permanent Address Change

New Address _____

City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Temporary Address Change/Addition

New Address _____

City _____ State _____ ZIP _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Student Declaration of Accuracy:

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: _____ Date: _____

For Office Use Only

Processed By: _____ Date: _____

CLC Contact Information:

CLC Brainerd Campus

501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8000
Fax: 218-855-8269
askclc@clcmn.edu

Staples Campus

1830 Airport Road
Staples, MN 56479-3252
1-800-247-6836 or
218-894-5100
Fax: 218-894-5185
askclc@clcmn.edu