



General Request Form

Office of the Registrar

Student Information

This section is required for all requests.

Name: _____ Student ID: _____
 Date of Request: _____ Box #: _____ Date Needed By: _____
 Signature: _____ Contact Phone #: _____

Please check the appropriate box below and provide requested information. Failure to provide information may result in processing delays.

Name Change* *Complete this section to update your legal name with the college.*

Name: _____
Last First Middle

Reason for name change: Marriage Court Ordered Other: _____

Please select the type of legal documentation* you are submitting as proof of name change. Copies of these documents are acceptable.

Marriage license Driver license Other: _____

**If you do not submit the proper documentation your request will not be processed.*

Change of Contact Information *Complete this section to change your contact information on file with the college.*

Permanent Address Local Address While Attending LPC

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Home Email: _____

Verification of Enrollment *Complete this section to request a letter indicating your total registered units for a specific term.*

Term: Fall 20____ Spring 20____

Delivery: Campus Box Mail to:

Address: _____
 City: _____ State: _____ Zip: _____

Special Instructions: Include anticipated graduation date

All Other Requests *Indicate below any other request not listed above. Please provide details if you are requesting specific information.*

Processed _____
(Date/Initials)