



# Change of Data

LFCC Admissions / Enrollment Services Office  
173 Skirmisher Ln · Middletown, VA 22645

Telephone: 540-868-7110 Email: admissions@lfcc.edu Fax: 540-868-7005

*Please note: Preferred name, mailing address, phone numbers and email may be changed online in SIS.*

Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name currently in "SIS" \_\_\_\_\_  
Last First Middle

I am a Veteran using benefits

**Please complete ONLY information that should be changed and provide appropriate documentation:**

Name change to \_\_\_\_\_  
Last First Middle

"SIS" Social Security Number \_\_\_\_\_ Change to \_\_\_\_\_

"SIS" Date of Birth \_\_\_\_\_ Change to \_\_\_\_\_

Campus Change:  Middletown to Fauquier  Fauquier to Middletown

Military Status Change:  Active  Inactive  Reserve  Other

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

I voluntarily consent to the use of an electronic record of my LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my @email.vccs.edu account to provide LFCC with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

**Office Use Only:**

**Document(s) attached:**

- |   |  |
|---|--|
| <input type="checkbox"/> U.S. Passport                                | <input type="checkbox"/> Marriage License                      |
| <input type="checkbox"/> Foreign Passport<br>Country of origin: _____ | <input type="checkbox"/> Divorce Decree                        |
| <input type="checkbox"/> Driver's License:<br>State: _____            | <input type="checkbox"/> Social Security Card                  |
| <input type="checkbox"/> Certificate of Naturalization                | <input type="checkbox"/> U.S. Military Card                    |
| <input type="checkbox"/> Government-issued ID Card:<br>Agency: _____  | <input type="checkbox"/> Voter's Card                          |
| <input type="checkbox"/> Court Order                                  | <input type="checkbox"/> Permanent Resident Card               |
|   | <input type="checkbox"/> Birth Certificate                     |
|   | <input type="checkbox"/> DD214 or other military documentation |

For office use only

Electronic signature verified by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date \_\_\_\_\_