



College of Lake County

Change of Personal Information

Print this form and Mail to: Admission and Records, CLC, 19351 W. Washington Street, Grayslake, IL 60030-1198 or Fax to 847-543-3061

Previous Information

CLC ID: _____ SSN as presently recorded: _____ Date of Birth: _____

Name as presently recorded: _____

Last

First

Middle

Are you employed by CLC? ___Yes ___No

New or Corrected Information

List ONLY the items that are new or changed:

Name:

--	--	--

Last

First

Middle

SSN

Address Change: (Address changes that affect tuition residency status must be accompanied by a copy of one of the following: Voter's Registration Card, Illinois Driver's License, or Illinois Identification Card.)

Permanent Legal address where I occupy a dwelling and have resided for 30 or more consecutive days.

--	--	--	--

Number and Street

City

State

Zip

Mailing Address (If you have a 2nd address for the purpose of receiving mail.)

--	--	--	--

Number and Street

City

State

Zip

Home Phone:

Work Phone:

Email:

--	--	--

Other change:

--

CERTIFICATION: I hereby affirm that the information given above is legally true and correct. I understand that giving false information may make me ineligible for admission to the college or subject to dismissal.

Signature: _____ Date: _____