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CHANGE OF NAME, MAILING ADDRESS, EMAIL ADDRESS
Complete this form and forward to the Student Affairs Office at any LTC campus.

Student ID Number

Name _____ *Former Name if Applicable
*Documentation required for name change. Acceptable documentation: Marriage License, Divorce Decree, Drivers License, or Social Security Card. Please attach a copy.

New Mailing Address

City _____ State _____ Zip _____

County of Residence _____ Area Code and Telephone Number _____

Email Address

Program of Study _____ Date Change Becomes Effective _____

Office Use Only

BANNER Data Updated _____ Health Form Updated _____
Student File Relabeled: Yes _____ No _____ N/A _____