



LONG BEACH
CITY COLLEGE

ADMISSIONS AND RECORDS

NAME, D.O.B & SSN CORRECTION

IMPORTANT: Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. **You do NOT have to fill all the boxes below, only complete the box with the correction you wish to make. Documentation required.**

CURRENT NAME ON FILE: _____ CURRENT D.O.B ON FILE: _____

STUDENT ID#: _____ EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDENT SIGNATURE: _____ DATE: _____

LEGAL DOCUMENTATION MUST ACCOMPANY REQUEST:

NAME CHANGE CORRECTION

LAST NAME: _____

FIRST NAME: _____

M.I.: _____

DATE OF BIRTH CORRECTION

MONTH: _____

DAY: _____

YEAR: _____

SOCIAL SECURITY NUMBER CORRECTION

Make sure to double check your Social security card before entering the number. It must be accurate to ensure the integrity of your permanent record.

SOCIAL SECURITY NUMBER CURRENTLY ON FILE: _____ - _____ - _____

SOCIAL SECURITY NUMBER CORRECTION: _____ - _____ - _____

OFFICE USE ONLY

Correction Made: ☐ NAME CHANGE ☐ DATE OF BIRTH ☐ SOCIAL SECURITY NUMBER

☐ Verify Non-Employee

DATE: _____ STAFF INITIALS: _____