

**ADDRESS/NAME CHANGE FORM**

*Please Print*

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ID Number

**NAME IN LBCC RECORDS**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**Check ALL that Apply:**

**Student:**     Work Study

Former Work Study

**Employee:**     Classified

Faculty

Management

Retiree

Part-Time Noncontracted

Former

**Name Change**

*Please Print*

Old Name \_\_\_\_\_

Last

First

Middle

New Name \_\_\_\_\_

Last

First

Middle

◆ **Requires new W-4 form be completed.**

**Address/Phone Change**

*Please Print*

**Check All that Apply:**

New Address:

Permanent

Mailing

\_\_\_\_\_  
Street/Box Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

(    ) \_\_\_\_\_  
Home Phone

◆ **STUDENTS:** This form DOES NOT establish you as an Oregon resident. For information on establishing permanent Oregon residency, please contact the LBCC Admissions Office, Takena

\_\_\_\_\_  
**Employee/Student Signature**

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