

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" _____
First Middle Last

I am a Veteran using benefits

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

Name change to _____
First Middle Last

"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 Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge 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
Country of origin: _____ | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Driver's License
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
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"/> DD 214 or other military documentation |

For office use only

Electronic signature verified by: _____ Processed by: _____ Date: _____