Fill out the form and e-mail it from your college email.
Residency (e-mail to: registrar@solacc.edu)
Social Security Number, Date of Birth, Name Change (e-mail to: admissions@solacc.edu)
Students may update all other information in LoLA.

South Louisiana Community College

Change of Demographic Information

STUDENT'S FULL NAME _____ DATE: _____

STUDENT ID # (LoLA): _____ PHONE NUMBER: _____

STUDENT EMAIL: _____

PLEASE SPECIFY ANY CHANGES IN THE FOLLOWING:

RESIDENCY STATUS CHANGE: **REGISTRAR** DATE OF MOVE: _____ FROM: _____ Effective Term: (Check One) FALL   SPRING   SUMMER   MO/YR   (Former State) **Please provide verification that you have lived in Louisiana for the past 365 days. Examples:** **LA Driver's License: Rental/Mortgage Agreement: Voter Registration Card: Tax Documents**
CORRECTION OF SOCIAL SECURITY NUMBER (Attach photo of card/documentation) **ADMISSIONS**   TO: _____ FROM: _____
CORRECTION OF DATE OF BIRTH (Attach photo of card/documentation) FROM: _____   TO: _____

NAME CHANGE (Attach Official Documentation including Social Security Card, ID/Driver's License, or Marriage License)
 	
FROM: _____
          LAST   FIRST   MIDDLE
TO: _____
          LAST   FIRST   MIDDLE

ADDRESS CHANGE (Students may update the following information through LOLA by clicking on the Home Tab and then clicking Personal Information under Self Service Banner.)
 	
NEW ADDRESS: _____
            Number   Street
_____
         City   State   Zip

PHONE NUMBER CHANGE (Students may update the following information through LOLA by clicking on the Home Tab and then clicking Personal Information under Self Service Banner.) NEW CELL: _____ NEW HOME: _____   NEW WORK: _____
EMERGENCY CONTACT (Students may update the following information through LOLA by clicking on the Home Tab and then clicking Personal Information under Self Service Banner.) NAME: _____ RELATIONSHIP: _____ CELL PHONE: _____ OTHER PHONE: _____

STUDENT'S SIGNATURE: _____

RECEIVED and PROCESSED BY: _____ DATE: _____

RONF082020