

Lincoln College

Registrar's Office

Name/Contact Information Amendment Form

D Number:			
NAME AND ADDRESS (As pre-	sently reflected in College recor	ds)	
First (PRINT CLEARLY)	Middle and/or Maiden – (OPTIONAL) Last		Last
Mailing Address	City	State	Zip
Home Phone: Area Code, Number	Cell Phone: Area Code, Number	Email Address	
PLEASE AMMEND MY EDUCATI	IONAL RECORD TO REFLECT T	HE FOLLOWING:	
First (PRINT CLEARLY)	Middle and/or Maiden – (OPT	IONAL)	Last
Mailing Address	City	State	Zip
Home Phone: Area Code, Number	Cell Phone: Area Code, Number	Email Address	
If the amendment action concerns documentation below:	a Name Change, please indicate a	a usage preference	e and type of supporting
☐ - I authorize the col	lege to include my former name in	parenthesis in futu	ure school communications.
□ - I ask the college to	o <u>never</u> use my former name in fut	ure school commu	nications
Supporting Documentation*(see no	ote below for supporting document	ation requirements	s):
Student Signature			Date Completed
Entered By			Date Amended

*Note: Examples of appropriate supporting documentation include legal documents such as a court order, marriage license, or divorce decree or government-issued photo identification. A copy of the supporting documentation must be retained by the College and will become part of the student's official records.