LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH OFFICE OF EDUCATIONAL SERVICES

POLICY & PROCEDURE MANUAL					Of	2	
Subject: CHANGE OF NAME/ADDRESS for STUDENTS		Original		Policy #	-		
		Issue Date: May	ssue Date: May 6, 1997		820		
		Supersedes:	persedes:		Effective Date:		
		February 28, 201	28, 2019		July 21, 2022		
Individuals / Committees Consulted: Office of Educational Services Associated Student Body	Reviewed & Approved by: Student Support Services College Governance Faculty Organization SON Planning		Director, 0	Approved by: Director, Office of Educational Services (Signature on File)			
			Provost, C Allied Hea (signature		ursinç	g &	

PURPOSE:

To ensure accurate contact information and student records

POLICY:

The Office of Educational Services (OES) must be notified of any change of name, address, or other student contact information as soon as change occurs.

PROCEDURE:

Student:

- Notifies the OES regarding a change of name or mailing/e-mail address as soon as change occurs
- Obtains "Change of Name and/or Address" form from the OES or the College website
- Submits completed form to OES
- Submits copy of supporting documentation.

OES staff gives completed form to Student Clerk.

Student Clerk:

- Records change on:
 - Student Master List
 - College data bases
 - Student body roster
 - Student academic file:
 - Cover sheet
 - Label
- Gives copy of "Change of Name and/or Address" form to Financial Aid Office
- Files form in student's academic folder, with supporting documentation
- Notifies the following of name change:
 - All OES staff
 - Semester Coordinators
 - Director, OES
 - Director, Educational Resource Center
 - Dean, Institutional Effectiveness, Research and Planning.

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Subject:

CHANGE OF NAME/ADDRESS for STUDENTS

PROCEDURE DOCUMENTATION:

Change of Name and/or Address form Student Master List

REFERENCES:

REVISION DATES:

May 6, 1997 February 21, 2012 February 28, 2019 July 21, 2022