



OUR LADY
OF THE LAKE
COLLEGE
*Franciscan Missionaries of
Our Lady Health System*

DEMOGRAPHIC INFORMATION UPDATE FORM

7434 Perkins Road ♦ Baton Rouge, LA 70808
Ph. (225) 768-1700 ♦ Fax (225) 768-1726

① Change information in the database to match this:	PLEASE PRINT CLEARLY
First: _____ Middle: _____ Last: _____	
Address: _____	
Address: _____	
Phone: (h) _____ (w) _____	
NOTE: If you are doing a formal name change, you must provide a copy of a supporting document (e.g. marriage certificate, drivers license.)	

② Information as it is <u>CURRENTLY</u> in the database:
First: _____ Middle: _____ Last: _____
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No SSN: _____ (required for verification purposes)

③ Signature: _____ Date: _____
(Changes can not be processed without a signature)

WHITE – Office of the Registrar

YELLOW – Financial Aid Office

Revised 6/28/07

FOR OFFICE USE ONLY
Entered by: _____
Date: _____