



Labouré College  
Office of the Registrar  
**Change of Information Request Form**

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Complete and return this form to:  
Labouré College  
Attn: One-Stop Student Service Center  
303 Adams Street  
Milton, MA 02186  
Fax: (617)296-7947  
Email: Registrar@laboure.edu

*Fill in the appropriate section(s) only*

\_\_\_\_\_ Date

\_\_\_\_\_ Last 4 digits Social Security #

\_\_\_\_\_ Name on Record

\_\_\_\_\_ ID#

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### Name Change:

*Name Changes require copies of legal documentation of the change (such as a marriage certificate)*

\_\_\_\_\_ Name Change

*Please note that Labouré College email accounts will be updated to reflect name changes.*

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### Address Change:

\_\_\_\_\_ Street Address

\_\_\_\_\_ Apartment #

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

( ) \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Cell Phone

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### Email:

\_\_\_\_\_ Email

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### Other:

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### For Office Use Only:

\_\_\_\_\_ Processed By

\_\_\_\_\_ Date

*(please initial)*

\_\_\_\_\_ Jenzabar

\_\_\_\_\_ PowerFAIDS

\_\_\_\_\_ IT *(for name change only)*