Los Angeles County
COLLEGE OF NURSING
AND ALLIED HEALTH
1237 North Mission Road, Los Angeles, California 90033
▸School of Nursing
▸Allied Health Continuing Education
(323) 409-5911
collegeofnursing@dhs.lacounty.gov

CHANGE OF NAME AND/OR ADDRESS

Name: _____
(As it appears on your current student records)

Please check and enter information for any or all of the following if different from your current student records.

☐ Change **NAME** (submit appropriate paperwork)

New Name _____
(Exactly how you want your name to appear on your School records

☐ Change **ADDRESS**

New Address _____

_____

☐ Change **TELEPHONE #**

New Home Phone #: _____

New Cell Phone #_____

☐ Change **E-MAIL**

New e-mail _____

_____

Signature: _____ Date: _____

Orig: 03/90
OES,LV:nm

Revised: 06/99;
09/2011;3/20
CollAdmin.OES