LAC COURTE OREILLES
ENROLLMENT DEPARTMENT
ADDRESS CHANGE REQUEST FORM

FOR ENROLLED MEMBERS ONLY

PLEASE PRINT LEGIBLY AND ALL AREAS MUST BE FILLED

Full name: _____

First *Middle* *Last* *(Maiden)*

Enrollment Number: _____ **Phone:** _____

Date of Birth: _____ **Email:** _____

New Physical Address: _____

Street address

_____

City *State* *Zip Code*

(If different from Physical Address)

Mailing Address _____

Street address

_____

City *State* *Zip Code*

Enrolled Minor Child(ren) Information: Complete the information below for enrolled minor child(ren) in your care whose address is also changing if applicable.

Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	

Member's Signature: _____ **Date:** _____

ALL ADDRESS CHANGES MUST BE SUBMITTED ON THIS FORM.
VERBAL CHANGES WILL NOT BE ACCEPTED.

RETURN WITH COPY OF VALID PHOTO ID TO: LCO ENROLLMENT DEPARTMENT
13394 W TREPANIA ROAD
HAYWARD, WI 54843

NOTE: Parents or legal guardians may submit this form on behalf of minor children in their care. If the child is under guardianship, certified guardianship documentation must be provided unless it is already on file with the Enrollment Department. A valid photo ID must also be submitted with every address change form.

For Office Use Only
Received By:

_____

Date Received:

_____

- ☐ ID Verified
- ☐ Change Entered into System by: _____
- ☐ Confirmation Sent