

FOOTHILL COLLEGE  
Admissions & Records Office

SUBJECT: Request to Change **College History** Records

TO: Registrar

FROM: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student ID Number

If you are requesting a change in college history status, you must list below each college or university attended. Indicate whether or not you have received a baccalaureate or higher degree. No decision to change your status can be made without these items on file in our office. **In the space below, describe why your current status needs to be changed.\***

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\*USE REVERSE IF NEEDED

<u>Colleges</u>	<u>Dates attended</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION: READ THIS STATEMENT AND SIGN BELOW:

I hereby swear or affirm under **penalty of perjury that** all information provided above is true and correct to the best of my knowledge. I understand that any false statements may result in my dismissal from the college.

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Signature	Date
_____	_____

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Street Address	City	State	Zip
_____	_____	_____	_____

PLEASE SUBMIT THIS FORM VIA EMAIL TO: [webregfh@fhda.edu](mailto:webregfh@fhda.edu)