

# Data Change Form

Changes to LACES  
May Only Be Made By Literacy Office Personnel

**Client Name:** \_\_\_\_\_ **Client Library Card #:** \_\_\_\_\_

**Nature of Change:**     **Contact Information /missing data**     **Program Information**

**Change in Schedule**     **Attendance Note**     **Misc.** \_\_\_\_\_

**Date:** \_\_\_\_\_    **Staff Member Reporting Change:** \_\_\_\_\_

**List specific information to be changed or entered: Where possible please indicate what it is to be changed from and the specific field in LACES.**

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**If Applicable: what is the cause for the change?**

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**Date and Time Resolved:** \_\_\_\_\_    **Resolved By:** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

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**Further Action Required?**     **Yes**     **No**    **Describe:** \_\_\_\_\_

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**Version 4 12/1/2015**