


	<b>Louisiana Tech University Office of the Registrar ADDRESS CHANGE(S)</b>	
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**CAMPUS-WIDE IDENTIFICATION (CWID) NUMBER:**

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**NAME:**

<b>Last</b>	<b>First</b>	<b>Middle</b>

**PERMANENT ADDRESS:**

<b>Street Address (or P.O. Box #)</b>		
<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>PERMANENT Phone Number</b>		

**LOCAL ADDRESS:**

<b>Street Address (or P.O. Box #)</b>		
<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>LOCAL Phone Number</b>		

**NEXT-OF-KIN ADDRESS:**

<b>Name(s) of Next-of-Kin</b>		
<b>Street Address (or P.O. Box #)</b>		
<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>NEXT-OF-KIN Phone Number</b>		

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**Student Signature**

\_\_\_\_\_  
**Date**