

ADDRESS CHANGE REQUEST FORM

Louisiana Tech University—Form UR-006, Revised 06/18/14

Part 1: Instructions and Useful Information

1. Fill out all pertinent information on Address Change Request Form.
2. Sign and date request.
3. Choose one of the following options:
 - a. Scan and email request to: registrar@latech.edu
 - b. Fax request to: Registrar's Office, Louisiana Tech University, (318) 257-4041
 - c. Mail request to: Registrar's Office
 Louisiana Tech University
 P.O. Box 3155
 Ruston, LA. 71272

Part 2: Personal Information (Please Print)

(Last Name)	(First Name)	(Middle Name)	(CWID or SS #)
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Part 3: Permanent Address (Please Print)

(Mailing Address)	(City)	(State)	(Zip Code)
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(Permanent Phone Number w/ Area Code)

Part 4: Local Address (Please Print)

(Mailing Address)	(City)	(State)	(Zip Code)
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(Local Phone Number w/ Area Code)

Part 5: Next-of-Kin Information (Please Print)

(Last Name)	(First Name)	(Middle Name)	(Phone w/ Area Code)
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(Last Name)	(First Name)	(Middle Name)	(Phone w/ Area Code)
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(Mailing Address)	(City)	(State)	(Zip Code)
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STUDENT'S SIGNATURE _____ **DATE(MM/DD/YY)** _____