



Office of the University Registrar  
 P.O. Box 3155  
 Keeny Hall  
 Ruston, LA 71272  
 FAX: 318-257-4041  
 E-Mail: registrar@latech.edu

## ADDRESS CHANGE REQUEST FORM

To request change of your address associated with Louisiana Tech University,  
 complete this form and return to the Registrar's Office.

**The student's signature and date is required at the bottom of this form.**

**Please Type or Print Only**

<b>PART 1. Student's Personal Information</b>			
Last Name	First Name	Middle Name	Suffix
Campus Wide ID Number (or SS)			

<b>PART 2. Student's Address Change Information</b>
<p><b><u>PERMANENT ADDRESS</u></b>          Street: _____          City: _____ State: _____ Zip: _____          Phone: _____</p> <p><b><u>LOCAL ADDRESS</u></b>          Street: _____          City: _____ State: _____ Zip: _____          Phone: _____</p> <p><b><u>NEXT-OF-KIN INFORMATION</u></b>          Street: _____          City: _____ State: _____ Zip: _____          Phone: _____</p>

<b>PART 3. Student's Signature</b>	
My signature below certifies that I am requesting that my address be changed on Louisiana Tech University records and that the information I have provided on this form is true and accurate to the best of my knowledge.	
Signature	Date

For office use only	Updated by:	Date
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