

NAME CHANGE REQUEST

To change your official name associated with academic records, please complete this form and return to the Registrar's office. You must include proof of identification materials (see below). The new name you list on this form must exactly match the name as it appears on the provided documents Please allow seven business days for processing.

Acceptable forms of identification to provide when submitting this form:

- Driver's license
- Passport
- Alien registration card
- Marriage certificate
- Divorce degree
- Court approval of name change

Return this form to:

By Mail:
Office of the University Registrar
P.O. Box 3155
Keeny Hall
Ruston, LA 71272

In Person:
Keeny Hall RM# 207

Email:
registrar@latech.edu

By Fax:
318-257-4041

Questions?
318-257-2176

Please Type or Print Only

PART A. Name Change			
Previous Name			
Last Name	First Name	Middle Name	Suffix
New Name <i>(as it appears on the provided document)</i>			
Last Name	First Name	Middle Name	Suffix

PART B. Student Information		
CWID #	Social Security #	Birthdate (mm/dd/yyyy)
Current mailing address (street, apartment number or P.O. box number, city, state, ZIP code, country)		
University email (or personal email, if none)		

PART C. Certification	
My signature below certifies that I am requesting that my name be changed on Louisiana Tech University record, 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