

**LOUISIANA TECH UNIVERSITY
OFFICE OF FINANCIAL AID
REQUEST FOR PERMANENT ADDRESS CHANGE**

Student Name (Please Print)

Social Security Number

CWID

Mailing Address

City

State

Zip Code

Home Phone Number

E-Mail Address

Cell Phone Number

I understand that by requesting this address change, ALL financial aid correspondence for this academic year will be sent to the new address. If I wish to have my correspondence sent to a different address, I must complete a new Request for Permanent Address Change.

Student Signature

Date