



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Request for Change of Access Code

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272
techaid@latech.edu

Last Name:

Student CWID:

First Name:

Student SSN:

If you KNOW your current Access Authorization code, please complete Section A, sign and date below and submit this request form to the address above.

A: Access Code Change:

1. My Current Code is: _____
2. Change Code to: _____

If you have misplaced your Access Authorization Code and are requesting a new code, you should:

1. Complete item #A.2 above to indicate a new code.
2. Sign and date below.
3. Submit this form AND a copy of your social security card or driver's license to the address above. We will not make changes to your access code without the additional documentaiton.

Signature:

Date: