



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Request for Permanent Address Change

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

Completion of this form will change ALL Financial Aid correspondence for the current and upcoming academic years. If the student wishes to have their correspondence sent to a different address, they must complete a NEW Request for Permanent Address Change Form.

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

STUDENT'S Mailing Address (include Apt. No.)

STUDENT'S Date of Birth (MM/DD/YYYY)

City

State

Zip Code

STUDENT'S Home Phone (Include area code)

STUDENT'S Email Address

STUDENT'S Cell Phone (Include area code)

Student's Printed Name:

Student's Signature:

Date: