



**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: