



CHANGE OF ADDRESS REQUEST FORM

STUDENT INFORMATION

ULID: _____ Name: _____
First Middle Last

Are you an International student on an F or J Visa? Yes No

Please provide the correct address information for the address type that you wish to update along with a copy of your current driver's license/valid photo ID. You may submit your request by **fax:** (337) 482-6286, **email:** ourrecords@louisiana.edu, **mail:** UL Lafayette Registrar's Office P.O. Box 41208 Lafayette, LA. 70504 or **drop-off:** Martin Hall-Room 171.

ADDRESS INFORMATION

Please update my Mailing (Local) address as follows:

Address:			
City		State	
Zip Code		Parish	
Telephone:	()		
E-Mail:			

Please update my Permanent Parent Both as follows:

Address:			
City		State	
Zip Code		Parish	

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ <i>First Middle Last</i>
Emergency Contact Relation: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____
Telephone Number: ()

Student Signature

Date

OFFICE USE ONLY | Processed by:
Records Specialist: _____

Date: _____