



REQUEST FOR CHANGE OF NAME

STUDENT INFORMATION

ULID: _____

Phone #: _____

Email: _____

NAME UPDATE INFORMATION

Current Name on Record:

First Middle/Maiden Last

New/Corrected Name:

First Middle/Maiden Last

In order to verify your name change, we **require** documentation to validate your name as you wish for it to appear on your official record. Please attach a *readable* photocopy of the **required** documentation along with this form and submit it to the Office of the University Registrar by:

Email: ourrecords@louisiana.edu | **Mailing:** Office of the University Registrar-P.O. BOX 41208
Lafayette, LA 70504 **Fax:** 337-482-6286 | **Delivery:** Martin Hall-Rm 171

Required Documentation:

- Corrected Social Security Card
- Driver's License

Additional Documentation Attached (must supply one):

- Marriage Certificate
- Divorce Decree
- Legal Court Name Change

Signature

Date

FOR OFFICE USE ONLY

Processed by: _____
Records Specialist

Date