



CHANGE OF ADDRESS REQUEST FORM

The University of Louisiana at Lafayette can maintain multiple addresses, telephone numbers, and e-mail addresses to meet your needs. Please review and update information accordingly.

Student ID/ULID:		Full Name:	
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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 either fax your request to (337) 482-6286, email to registrar@louisiana.edu, or mail the information to UL Lafayette Registrar's Office P.O. Box 41208 Lafayette, LA. 70504

Please update my **Mailing (Local)** address as follows:

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

Please update my Permanent Parent Emergency Contact as follows:

Address:			
City		State	
Zip Code		Parish	
Emergency Contact Name:			
Emergency Contact Relation: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____			
Telephone Number: ()			

Student Signature

Date

OFFICE USE ONLY

Processed Date:

Process By: