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

Revised 09-2017