



CHANGE OF STUDENT INFORMATION REQUEST FORM

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 **Delivery:** Martin Hall-Room 171.

STUDENT INFORMATION

ULID: _____ Name: _____
First Middle Last

*This form allows a change request of the following: address, name, date of birth, SSN, emergency contact, email, or telephone.
Please complete the box(es) in which you would like to have your information updated and provide required documentation.*

NAME, DATE of BIRTH, SSN INFORMATION

Please update my personal information as follows:

Current Name on Record			
	First	Middle/Maiden	Last
New/Corrected Name			
	First	Middle/Maiden	Last

Corrected Date of Birth:		Corrected SSN:	
	Day/Month/Year		____-____-____

In order to verify your record change, we **require** documentation to validate your name/DOB/SSN as it is 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.

Required Documentation:

- Corrected Social Security Card
- Driver's License

Change of Name only (must supply one):

- Marriage Certificate
- Divorce Decree
- Legal Court Name Change

ADDRESS INFORMATION

Please update my Mailing (Local) address as follows:

Address:			
City		State	
Zip Code		Parish	

Please update my Permanent Parent Both as follows:

Address:			
City		State	
Zip Code		Parish	

REGISTRAR'S OFFICE USE ONLY | Processed by:

Records Specialist: _____

Date: _____

TELEPHONE INFORMATION

Telephone – Cellular :	()
Telephone - Parent(s) :	()
Telephone – Main :	()

EMAIL INFORMATION

NOTE: Your University Email address will and MUST remain your preferred email address.

Personal Email Address:	_____
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EMERGENCY CONTACT INFORMATION

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

Student Signature

Date