



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 for a change request of the following: address, emergency contact, email, or telephone.
Please complete the information box or boxes in which you would like to have your information updated.*

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	

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

Student Signature

Date

REGISTRAR'S OFFICE USE ONLY | Processed by:
Records Specialist: _____

Date: _____