



REQUEST FOR CHOSEN NAME

STUDENT INFORMATION

ULID: _____ EMAIL: _____ Phone #: _____

UPDATE INFORMATION

Current Name on Record:

First Middle/Maiden Last

Chosen First Name:

First

Please submit this request to the Office of the University Registrar by:

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

The University reserves the right to remove a chosen name if it contains inappropriate or offensive language or is being used for misrepresentation.

Student Signature

Date

FOR OFFICE USE ONLY

Processed by: _____
Records Specialist

Date