



LAMAR UNIVERSITY

**NAME/ADDRESS/TELEPHONE/SSN
CHANGE AUTHORIZATION FORM**

Please print legibly

A new social security card bearing your new name is required for name changes.

New Name: _____
Last First Middle

Previous Name: _____
Last First Middle

Date	ID NUMBER	Indicate your primary role	Prefix (<i>Circle one</i>)
	L _____	LU Student _____ LU Employee _____ LU Alumni _____	Dr Miss Mr Mrs Ms

New Home Address (*Local Address*)

Street or PO Box Number	City	State	Zip Code
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Previous Home Address (*To be inactivated*)

Street or PO Box Number	City	State	Zip Code
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Mailing Address (*Only provide if different from new home address*)

Street or PO Box Number	City	State	Zip Code
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Current Telephone Numbers

Home Telephone number	Cell Phone Number	LU Work Number
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Social Security Number

New Number	Old Number	A new, valid Social Security Card must be presented before your ssn can be changed.
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Please Note: If you participate in the Optional Retirement Program (ORP) it is your responsibility to contact your company.

Signature: _____

FOR OFFICE USE ONLY	Distribute to:
Action taken by: _____	Purchasing - Box 10003
Processed on P/S and Banner: _____	Imaging-Personal Information