

<p>LAMAR UNIVERSITY</p> <p>NAME/ADDRESS/TELEPHONE/SSN CHANGE AUTHORIZATION FORM</p> <p><i>PLEASE PRINT LEGIBLY</i></p>	<p>Name: _____ Student ID: _____ Date: _____</p> <p>Indicate your primary role:</p> <p>LU Student _____ LU Employee _____ LU Alumni _____</p> <p>Prefix (Circle One):</p> <p>Dr Miss Mr Mrs Ms</p>
--	--

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

New Name: _____

Last First Middle

Previous Name: _____

Last First Middle

New Home Address (Local Addresses)

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

Previous Home Address (To be inactivated)

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

Mailing Address (Only Provide if different from new home address)

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

Current Telephone Numbers

Home Telephone Number	Cell Phone Number	Lu Work Number
-----------------------	-------------------	----------------

Social Security Number

New Number	Old Number	<p>A new, valid Social Security Card must be presented before your SSN can be changed.</p>
------------	------------	---

Please Note: If you participate in Teachers Retirement System of Texas (TRS) you must complete the TRS 358-Change of Address Notification form, or if you participate in the Optional Retirement Program (ORP) it is your responsibility to contact your company.

Signature: _____

<p>FOR OFFICE USE ONLY</p> <p>Action Taken By: _____</p> <p>Processed on P/S and Banner: _____</p>	<p>Distribute to:</p> <p>Purchasing – Box 10003</p> <p>Imaging – Personal Information</p>
---	---