Change of Name/Address Form

Today’s Date: ______________________

**Student Information:**  
Student ID: ________________________________

Current Name: ________________________________

Current Address: _____________________________ Apt #: __________________

City: ______________ State: ______________ Zip: __________________

**Please fill out the information below:**

**Student Information Change:**

**Name:** Name changes will not be processed unless a copy of one of the following: a) Social Security Card, b) Passport, c) Marriage License, d) Divorce Decree, or e) Other Legal Document, is either faxed or emailed directly to the records department.

**Address Change:** Address changes will not be processed unless a copy of the driver’s license is either faxed or emailed directly to the records department.

Fax: 409-880-7429  
Email (Undergraduate): luapugrecords@lamar.edu  
Email (Graduate): luapgrrecords@lamar.edu

New Name: __________________________________________

Address: ___________________________________________ Apt #: __________________

City: ______________ State: ______________ Zip: __________________

All changes are subject to verification and approval. Please submit your form as instructed above. Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at http://degree.lamar.edu.