

Change of Name/Address Form

Today's Date:	
Student Information: Student ID	D:
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: 409-880-74	29 Email (Undergraduate): <u>luapugrecords@lamar.edu</u> Email (Graduate): luapgrrecords@lamar.edu
New Name:	
-	Apt #:
	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.