



LAMAR UNIVERSITY

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

PLEASE PRINT LEGIBLY

Name: _____ Student ID: _____ Date: _____

***Please indicate if you are graduating this semester (Circle One): YES NO**

A new legal document 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	A new, valid Social Security Card must be presented before your SSN can be changed.
------------	------------	--

Signature: _____