



**LSU Health Sciences Center
in New Orleans**
Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112
(504) 568-4829 (504) 568-5545 fax
registrar@lsuhsc.edu

CHANGE OF ADDRESS

1. Name _____ Student ID # _____
Last, First, Maiden or Middle on Back of ID Card

2. Social Security # _____

3. Other Names that May Appear on Academic Records

Last, First, Maiden or Middle

Last, First, Maiden or Middle

4. Contact Information () _____ () _____
Daytime phone Evening phone Email

5. School Attended Allied Health Professions Dentistry Graduate Studies
 Medicine Nursing Public Health

6. Indicate Type(s) of Address Change Legal Mailing Home

Old Address

Street

City

State

Zip

Current (New) Address

Street

City

State

Zip

➤ ➤ ➤ ➤ ➤ Your Signature Is Required. ⏪ ⏪ ⏪ ⏪ ⏪

Signature _____ Effective Date _____