

CHANGE OF ADDRESS

Office of the Registrar 433 Bolivar Street New Orleans, LA 70112 (504) 568-4829 ph (504) 568-5545 fax registrar@lsuhsc.edu

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 Informatio	n <u>() (</u> Daytime phone Ev) rening phone	Email		
5.	School Attended	☐ Allied Health Professions ☐ Medicine	☐ Dentistry☐ Nursing	☐ Graduat ☐ Public H	e Studies ealth	
6.	Indicate Type(s) of	Address Change	Legal	☐ Mailing	Home	
Str	reet	Old Ac	<u></u>	State	Zip	
<u>Current (New) Address</u>						
Str	reet					
Cit	у			State	Zip	
	> >	> > Your Signature	e Is Required. ∢	(4 4 4 4		
Signature Effective Date						