



LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT NEW ORLEANS
Office of the University Registrar
433 Bolivar Street, Room 154, New Orleans, LA 70112
Phone: (504) 568-4829 Fax: (504) 568-5545 Email: registrar@lsuhsc.edu

REQUEST FOR LEGAL NAME CHANGE

CURRENT/PREVIOUS NAME *(last, first, middle, suffix)* _____

STUDENT/EMPLOYEE ID # _____

SOCIAL SECURITY# _____

CONTACT INFORMATION (____) _____
Daytime

(____) _____
Evening Phone

Email

SCHOOL(S) ATTENDED Allied Health Professions

Dentistry

Graduate Studies

Medicine

Nursing

Public Health

Expected/Graduation Date

New Name

Last

First

Middle

Suffix

Choose one of the 3 following categories of documentation that is needed for a legal name change:

1. Certified copy of a court order, or dissolution decree reflecting the new name in full.
2. Current passport or official proof of identity, certified by U.S. embassy abroad or by the appropriate foreign embassy in the U.S.
3. Marriage License accompanied by your social security card or valid driver's license.

>>>>Your Signature Is Required<<<<<

Signature _____

Date _____