



Office of the Registrar
433 Bolivar Street 1st Floor
New Orleans, LA 70112
Office: (504) 568-4829
Fax: (504) 568-5545
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CHANGE OF LEGAL 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

Old Address

Street

City State Zip

Current (New) Address

Street

City State Zip

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

Signature _____ Effective Date _____