



# Registrar's Office

Enrollment Management



## Address Change Request Form

Please provide the following information:

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Social Security Number/CLID: \_\_\_\_\_

Are you an International student on an F or J VISA? (circle one)    Yes    No

Please provide the correct address information for the address type you wish to update. Please also provide a copy of your current driver's license/pictured id with this form. You may either fax your request to (337) 482-6286 or mail the information to: UL Lafayette, Registrar's Office, PO Box 41208, Lafayette, LA 70504

Home (Physical Address)	Local Mailing Address	Emergency Contact
Street	Street	Street
Apt Number (if any)	Apt Number (if any)	Apt Number (if any)
City	City	City
State/Zip	State/Zip	State/Zip
Home Parish	Home Parish	Parent(s)/Spouse Name
Telephone Number	Telephone Number	Telephone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Current Date

