



Change of Name/Address Form

Today's Date: _____

Student Information: Student ID: _____

Current Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Please fill out the information below:

Student Information Change:

Name: Name changes will not be processed unless a copy of one of the following: a) Social Security Card, b) Passport, c) Marriage License, d) Divorce Decree, or e) Other Legal Document, is either faxed or emailed directly to the records department.

Address Change: Address changes will not be processed unless a copy of the driver's license is either faxed or emailed directly to the records department.

Fax: 409-880-7429

Email (Undergraduate): luapugrecords@lamar.edu

Email (Graduate): luapgrrecords@lamar.edu

New Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____