CHANGE OF LEGAL ADDRESS FORM

Office of the Registrar
433 Bolivar Street, 1st Floor
New Orleans, LA 70112
Phone: 504-568-4829
Fax: 504-568-5545
Email: registrar@lsuhsc.edu

Your Personal Information

Last Name: _____ First Name: _____

Middle/Maiden Name: _____ Last 4 digits of Social Security Number: _____

Mobile Phone Number: _____ Email Address: _____

Your Academic Information

Student ID Number: _____

Select the school in which you are/were enrolled.

☐ Dentistry ☐ Graduate Studies ☐ Heal Professions

☐ Medicine ☐ Nursing ☐ Public Health

Enter any other names you have used that may appear on your academic records:

Name(s): _____

Your previous address:

Street: _____ City: _____

State: _____ Zip: _____

Your current/new address:

Street: _____ City: _____

State: _____ Zip: _____

You are required to sign this form.

Sign Here _____ Effective Date _____