REQUEST FOR LEGAL NAME CHANGE

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 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 ☐ Health Professions

☐ Medicine ☐ Nursing ☐ Public Health

Expected Graduation Date: _____

Your current/previous name:

Last: _____ First: _____ Middle: _____ Suffix: _____

Your new name:

Last: _____ First: _____ Middle: _____ Suffix: _____

Legal Documents

Select and submit the required documentation to process your legal name change request.

☐Certified copy of a court order or dissolution decree that reflects the new name in full.

☐Current passport or official proof of identity certified by U.S. embassy abroad or by the appropriate foreign embassy in the U.S.

☐Marriage license and social security card or valid driver's license.

You are required to sign this form.

Sign Here _____ Date _____