

Office of the Registrar, Room 1-212
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Shreveport, LA 71130-3932
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Permanent (Legal) Address Change Form

Student ID Number: _____ Effective Date: _____

NAME: _____
Last Name First Name Middle Name/Initial

Student Birthdate: _____ *Signature: _____
MM/DD/YYYY *By signing this form, I certify that I am the student listed above.

➤ **Check the school you attended/attending:**

- | | |
|--|-------------------------|
| <input type="checkbox"/> School of Allied Health Professions | BS/MPAS/MOT/DPT/MPH/MCD |
| <input type="checkbox"/> School of Graduate Studies | MS/Ph.D. |
| <input type="checkbox"/> School of Medicine | M.D. |

New Permanent (Legal) Address: **If you are classified as a non-resident for tuition purposes, your Legal address must correlate with your residency classification. We cannot change your Legal address to a Louisiana address if you are not a resident of Louisiana. Please contact our office for further clarification on your residency status if you have any questions.

Street: _____

City: _____ State: _____ Zip or Postal code: _____ Parish/County: _____

Telephone number: _____

I am requesting all addresses on file be updated to match the address listed above. Yes No
(Circle One)

Return completed form to the Registrar's Office.

For Office Use Only

Date changed: _____ Initials: _____