

**REQUEST FOR CHANGE OF ADDRESS FORM**

Office of the Registrar, 1140 College Drive, Alexandria Hall #146, Pineville LA 71359

318.487.7222 [registrar@lacollege.edu](mailto:registrar@lacollege.edu)

**NOTE: PLEASE PRINT LEGIBLY. YOU MUST ALSO PRESENT YOUR CURRENT STUDENT ID.** *Once this form is complete, mail or bring it and copies of the necessary documentation to the Office of the Registrar in Alexandria Hall.*

**If this change affects the graduation application currently on file, check here:**

**Current Term:** (Mark One)**FALL SPRING SUMMER Other:**Click or tap here to enter text.

**Current Academic Year:** Click or tap here to enter text.

**Student FULL Name:**Click or tap here to enter text.

**Student ID#:**Click or tap here to enter text. **Student Email:**Click or tap here to enter text.

**Cell Phone:**Click or tap here to enter text. **Home Phone:**Click or tap here to enter text.

**Previous Address:**Click or tap here to enter text.

**Previous City:**Click or tap here to enter text. **State:**Click or tap here to enter text. **Zip:**Click or tap here to enter text.

**CHANGE TO:**

**New Address:**Click or tap here to enter text.

**New City:**Click or tap here to enter text. **State:**Click or tap here to enter text. **Zip:**Click or tap here to enter text.

Click or tap here to enter text.

Student Signature Date

**=====================================================================================**

**OFFICE USE ONLY:**

Documentation Verified By Date Changes Made in Database

**COPY SENT TO:**  Office of the Registrar Business Office Financial Aid Office Payroll Office