



Office of the Registrar
8100 Hwy. 71 South
Alexandria, LA 71302
Phone: (318) 473-6424

Name Change

Note: Please print legibly and provide the following documents: Copies of your SSN Card or Legible Driver's License and court documentation.

Please complete this form in person, by mail or email to: Registrar@lsua.edu

Current Semester: _____ SSN: _____ LSUA Student ID #: _____

Previous Name: _____

Name Change to: _____

Reason for Name Change: _____ LSUA Email: _____
(Adoption, Marriage, Divorce, etc.)

Home Phone: _____ Cell Phone: _____

Student's Signature

Date

For office use only – Do not write below this line

Completed by: _____ Date: _____