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**Southeastern Louisiana University**

**Change of Address Form  
Office of Records and Registration**

**PLEASE PRINT**

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Student ID Number \_\_\_\_\_

**NEW ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Home Phone \_\_\_\_\_ New Local Phone \_\_\_\_\_ New Emergency Phone \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete and Sign this Request Form and Mail to:**

Southeastern's Office of Records and Registration

SLU 10752

Hammond, LA 70402

**Or Fax to:**

**(985) 549-5632**