



**Change of Address Form
Office of the Registrar**

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, then return to:

Southeastern Louisiana University
Office of the Registrar
Mailing address: SLU 10752, Hammond, LA 70402
E-mail address: Registrar@Southeastern.edu
Fax number: (985)549-5632