



Records & Registration NAME/ADDRESS/TELEPHONE/SSN CHANGE AUTHORIZATION FORM

Student Information

Name _____ ID # P00 _____

Name Change

A new legal document bearing your new name is required for name changes.

New Name: _____

Last

First

Middle

Previous Name: _____

Last

First

Middle

Address/Phone Number Change

New Home Address: _____

Street or PO Box Number

City

State

Zip

Previous Home Address: _____

Street or PO Box Number

City

State

Zip

Current Telephone Numbers: _____

Home Telephone Number

Cell Phone Number

Social Security Number Change

A new valid Social Security Card must be presented before your SSN can be changed.

New Number: _____

Previous Number: _____

Student's Signature _____ Date _____

*If you are returning this form using your LSCPA email, please type in your signature. If you are printing this form to mail or deliver in person, please print and sign your name.

Submit this completed form and all supporting documents to **Lamar State College Port Arthur Admissions & Records Office** using your preferred method.

Mail: LSCPA Office of Admissions & Records • PO Box 310 • Port Arthur, TX 77641

Drop off: 3rd Floor, Student Center, Room 303

Scan and email: Admissions@lamarpa.edu

Fax: 409-984-6025