

Name/Address Change Form Office of the LAPU Registrar

Name:		ID#	
SSN:	DOB: Name change requires official identification (marriage certificate, Social Security card, or legal documentation)		
NEW NAME	Name (last):	(first):	(MI):
NEW ADDRESS	StreetCity, State, ZIP		
	Phone ()		
nool Status:	Currently Enrolled: Yes No	Last enrolled in classes (term)	_(year) Date:

Office of the LAPU Registrar | Los Angeles Pacific University Ph:(626) 624-4673 | Fax: (626) 276-7035 | E-mail: registrar@lapu.edu