



**Student Information**

*This section is required for all requests.*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Box #: \_\_\_\_\_ Date Needed By: \_\_\_\_\_  
Signature: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Are you a VA student?  Yes  No

Please check the appropriate box below and provide requested information.

**Name Change\***

*Complete this section to update your legal name with the university.*

Name: \_\_\_\_\_  
Last First Middle

Reason for name change:  Marriage  Court Ordered Other: \_\_\_\_\_

Please select the type of legal documentation\* you are submitting as proof of name change. Copies of these documents are acceptable.

Marriage license  Driver license Other: \_\_\_\_\_

\*If you do not submit the proper documentation your request will not be processed.

**Change of Contact Information**

*Complete this section to change your contact information on file with the university.*

Permanent Address  Local Address While Attending LPU

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_  Cell  Home

Would you like to change your school email to reflect a new name?  Yes  No

**Verification of Enrollment**

*Complete this section to request a letter indicating your total registered units for a specific term.*

Term:  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_

Delivery:  Email to: \_\_\_\_\_

Campus Box: \_\_\_\_\_

Mail to: Address: \_\_\_\_\_

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

Special Instructions:  Include anticipated graduation date

\_\_\_\_\_  
\_\_\_\_\_

**All Other Requests**

*Indicate below any other request not listed above.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed \_\_\_\_\_  
(Date/Initials)