



LOURDES
UNIVERSITY

Address Change Request Form

Name	_____	_____	_____
	(First)	(Middle)	(Last)
Lourdes I.D.	_____	OR Social Security Number	____ - ____ - ____

Address Type: Permanent Parents Business

New Address:

_____ (Street Address and Apt. Number)

_____ (City) _____ (State) _____ (Zip)

Primary Phone Number: (____) _____ - _____ Cell Home Business

Secondary Phone Number: (____) _____ - _____ Cell Home Business

Emergency Contact (optional):

Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Signature _____ Date _____

Return this form to the Registrar's Office in St. Clare Hall 139.

Mail:
Registrar's Office
Lourdes University
6832 Convent Boulevard
Sylvania, OH 43560

Fax:
419.824.3962

Email:
Registrar@Lourdes.edu

Do you have questions? Please call us at 419.824.3817.