LOUISIANA TECH UNIVERSITY
PERKINS LOAN DEPARTMENT
CHANGE OF ADDRESS FORM

Name: ________________________________________________
   (Last) (First) (Middle)

Social Security Number: ___________________ - ___________ - _________________

Mailing Address: ______________________________________________________
   (Street Address)
   (City) (State) (Zip)

Phone Number: (____________) ____________ - ________________

Cell Number: (____________) ____________ - ________________

Email: _____________________________________________________________

Return this completed form to the Perkins Loan Department

In Person:
   Room 237, Keeny Hall

By Mail:
   Perkins Loan Department
   Office of the Comptroller
   P.O. Box 7924
   Ruston, LA 71272

By Fax:
   Attn: Perkins Loan Department
   (318) 257-2033

By Email attachment:
   Perkins@latech.edu