



Admissions & Records Department

NAME/SEX/GENDER IDENTIFIER OF AN ADULT CHANGE FORM

***Final Order to Change the Name and Sex/Gender Identifier of an Adult, SSN card, and DL/ID required.**

Student Information

Name _____ P00# _____

Name Change

Previous Name: _____
Last First Middle

New Name: _____
Last First Middle

Sex/Gender Change

Previous Gender: (Male or Female) _____

New Gender: (Male or Female) _____

Social Security Number Change

***If your SSN# did not change, please leave blank.**

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

New Number: _____

Previous Number: _____

Student's Signature _____ Date _____

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

Upload forms electronically: [Submit Forms Securely](#) | Mail: PO Box 310 ▪ Port Arthur, TX 77641 | Drop off: 3rd Floor, Student Center, Room 303