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ADDRESS CHANGE FORM

| Name: | XULA ID | |
|-------------|------------------|---------------|
| Department: | | |
| | NEW ADDRESS | |
| | Street Address | |
| | Apartment Number | |
| City | State | Zip Code |
| | | Mobile Number |
| | | Date |

NOTE: If enrolled in Health, Dental, Vision, TIAA or VOYA, https://www.xula.edu/human-resources to select the Benefits Guide and you will view the directory for contact numbers to update your address.