



CHANGE OF ADDRESS/CHANGE OF NAME FORM

Name: _____ MSMU ID # _____

X

Your Signature _____ You must sign the form in order for your request to be processed. **Date** _____

CHANGE OF NAME

Old Name: _____ New Name: _____

In order to change a name, two of the following documents or forms of ID must be provided, one of which MUST have a picture:

- | | | |
|----------------|----------------------|----------------------|
| Court Order | Marriage Certificate | Identification Card |
| Driver License | Passport | Social Security Card |

CHANGE OF PERMANENT ADDRESS

(All mail will be forwarded to this address during summer and holiday breaks)

Old Permanent Address:

_____	_____	_____
Number	Street	Apt.
_____	_____	_____
City	State	Zip
_____	_____	_____
Area Code	Phone Number	

New Permanent Address:

_____	_____	_____
Number	Street	Apt.
_____	_____	_____
City	State	Zip
_____	_____	_____
Area Code	Phone Number	

CHANGE OF LOCAL ADDRESS

(All mail will be forwarded to this address while school is in session)

Old Local Address:

_____	_____	_____
Number	Street	Apt.
_____	_____	_____
City	State	Zip
_____	_____	_____
Area Code	Phone Number	

New Local Address:

_____	_____	_____
Number	Street	Apt.
_____	_____	_____
City	State	Zip
_____	_____	_____
Area Code	Phone Number	