



## CHANGE OF ADDRESS/CHANGE OF NAME FORM

The form can be submitted via email registrar@msmu.edu, fax, mail, or in-person.

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	