Complete form online, print, SIGN, and submit with documents.

Print Form

NAME CHANGE REQUEST

Return SIGNED form and documents to:

Office of the Registrar
101 Montana Hall
Montana State University
Bozeman, MT 59717-2660

Legal Documentation Required:

- Copy of Official Court Document indicating Legal Change of Name

and

- Copy of Driver's License with new name

and

- Copy of Social Security Card with new name

Term or Date of Last Attendance:

- _____

Student ID number (or Social Security Number):

- _____

New Name: *(Please Print Clearly!)*

☐ Please use my new name on the Official Transcript I just ordered.

- _____ _____ _____
  Last Name First Name Middle Name

Previous Name: *(Please Print Clearly!)*

- _____ _____ _____
  Last Name First Name Middle Name

Mailing Address and Phone Number:

- _____ _____ _____
  Street City, State, Zip Phone

I authorize MSU-Bozeman to change my university records to reflect my name change:

_____

- _____ _____
  Signature (sign full legal signature exactly as printed above for new name) **Date**