

Name Change Request Form

In addition to this form, three legal documents 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.

New Name (Last, First Middle):

Previous Name (Last, First Middle):

Date of Last Attendance:

Spring

Year: _____

Summer

Fall

Student ID Number (or Social Security Number):

Mailing Address (include city, state, and zip code):

Phone Number:

Email:

I would like my MSU email address updated to reflect my new name.

Signature:

Date:

Return this completed form & accompanying documents to:

Office of the Registrar
Montana State University-Bozeman
101 Montana Hall
P.O. Box 172660
Bozeman, MT 59717-2660

Fax: (406) 994-1972