

## 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):

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Previous Name (Last, First Middle):

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Date of Last Attendance:

Spring

Year: \_\_\_\_\_

Summer

Fall

Student ID Number (or Social Security Number):

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

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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 111 Montana Hall  
P.O. Box 172660  
Bozeman, MT 59717-2660

Fax: (406) 994-1972