



STUDENT
Information Change Form

| | | | |
|-------------------------------|--|--|------------------------------------|
| NAME (Please print) | | POSITION NO (For office use only) | |
| BIRTHDATE | | LAST FOUR DIGITS OF SOCIAL SECURITY NO. | MU ID NUMBER (901XXXXXX) |

NAME CHANGE INFORMATION

PLEASE NOTE: A copy of your Social Security card is **required** if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.

| | PREVIOUS | NEW |
|--|----------|-----|
| Last Name: | | |
| First Name: | | |
| Middle Name: | | |
| Preferred First Name: | | |
| Prefix: (Dr., Mrs., Mr., Miss, etc.) | | |
| Suffix: (Jr., Sr., III, etc.) (Does not mean degree or | | |

SOCIAL SECURITY NUMBER CHANGE INFORMATION

| | PREVIOUS | NEW |
|--------------------------------|----------|-----|
| Social Security Number: | | |
| MU ID Number: | | |

ADDRESS CHANGE INFORMATION

Please mark all address change boxes that apply.

| | | | | | |
|----------------------------|-----------------------|--------------------------|---------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | PR – Permanent | <input type="checkbox"/> | SC – School/Campus | <input type="checkbox"/> | WS – Student Business Address |
| Address Line 1: | | | | | |
| Address Line 2: | | | | | |
| Address Line 3: | | | | | |
| City: | | State: | | ZIP: | |
| County: | | Nation: | | | |
| Telephone (home): | | | | | |
| Telephone (work): | | | | | |
| Telephone (campus): | | | | | |

By signing below, I certify that the information provided is correct.

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| | | | |
|--------------------------------------|--|------------------------------------|------------------|
| DATE: | | EFFECTIVE DATE FOR CHANGES: | |
| ROUTING (For office use only) | | Bursar | Registrar |

SUBMIT COMPLETED FORMS TO THE REGISTRAR, 106 OLD MAIN.