

MISSOURI SOUTHERN STATE UNIVERSITY

NAME CHANGE REQUEST

Note: You may print this form, complete it and fax or bring it to the Registrar's Office;
However, all requests MUST be accompanied by a copy of your driver's license or other official identification that includes a signature. Legal documentation generally consists of a new driver's license, official state ID card, certified copy of marriage license, court order, dissolution decree, or current passport.

S ID number or SSN: _____ Date: _____

Name: (Print) _____
(Last) (First) (Middle)

Status: Check each that apply: Student _____ Employee* _____

*Employees (including work study or student employees) must contact Human Resources to update this information.

Graduation Date: _____

Do you want your name changed on your pending diploma? Y N

Former Name(s): _____

Please contact the IT Department at (417)659-4444 for your University e-mail address to be updated.

Your Blackboard account will be updated automatically, if applicable.

Phone: _____ Secondary email: _____

Student Signature: _____

Mail this form with identification to:
Missouri Southern State University
Registrar's Office
3950 E. Newman Road
Joplin, MO 64801

Or fax with identification to:
Registrar's Office
(417) 625-3117

THIS FORM WILL BE MADE AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. IF YOU NEED ASSISTANCE, PLEASE CONTACT THE REGISTRAR'S OFFICE.