

MISSOURI SOUTHERN

STATE UNIVERSITY

OFFICE OF THE REGISTRAR

Address Change Form

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

MSSU Student No.: _____ Date: _____

Check Each That Apply: Student _____ Employee _____

Change Mailing Address to: _____
(Street Address) (Apt#)

(City) (State) (Zip Code)

Phone No.: _____

Secondary Email Address: _____

Emergency Contact: _____
(Update if needed) (Name) (Relationship) (Phone)

(Street Address) (City) (State) (Zip Code)

Signature: _____

Please remember to update your name in Blackboard, if applicable.

This form will be made available in alternative formats upon request.
If you need assistance, please contact the registrar's office.