

Name Change Request

Print and turn in completed form to the Office of the Registrar, Hearnes Hall 101, or by email attachment to registrar@mssu.edu, or by mail to Missouri Southern State University, Registrar's Office, 3950 E. Newman Road, Joplin, MO 64801. Attach documentation as required by type of name change.

	Student Employee*		
	dy or regular student employee) should submit		
and required documentation to	Human Resources in Hearnes Hall 217 for pro	cessing.	
Name: (Print)	MSSU	MSSU SID: S	
Phone:	Secondary email:		
Signature:	Date:	Date:	
Choose type of name change ar	nd complete appropriate section:		
	nter your chosen name below and provide form	•	
of your driver's license or MSSU	ID card. Refer to <u>Chosen Name Policy</u> for poli	cy implications.	
Chosen Name: (Print):			
(Last)	(First)	(Middle)	
Legal Name Change: Ente	er your legal name below and provide legal doo	cumentation showing name	
change for example, a driver's li	icense, official state ID card, certified copy of n	narriage license, court order,	
dissolution decree, or current pa	assport.		
Legal Name (Print):			
(Last)	(First)	(Middle)	

Allow 24 hours for processing time, then check your secondary/personal email for your new MSSU Lion login and email credentials. Your MSSU password will remain the same.

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