MISSOURI SOUTHERSITY STATE UNIVERSITY OFFICE OF THE REGISTRAR

Name Change Request

Note: You may print this form, complete it, and fax or bring it to the Registrar's Office; however, all requests for <u>legal</u> name changes 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.

MSSU Student Number:	Date:	
Legal Name (Print):		
(Last)	(First)	(Middle)
Chosen Name:		
Status: Check each that apply: Student	Employee*	
*Employees (including work study or stude	ent employees) must contact the Hu	man Resources Office to
update this information.		
Graduation Date:		
Do you want your name changed on your p	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 a	utomatically, if applicable.	
Phone:	_ Secondary email:	
Student Signature:		
Mail this form with identification to:	Fax with identification	n to:
Missouri Southern State University	Registrar's Office	
Registrar's Office	(417) 625-3117	
3950 E. Newman Road		
Joplin, MO 64801		
This form will be made available in alternati		
If you need assistance, please contact the r	registrar's office.	