

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.

S ID number :		Date:	
Legal Name: (Print)			
(Last)		(First)	(Middle)
Chosen Name:			
Status: Check each that app	ly: Student	Employee*	
*Employees (including work stu	dy or student emplo	yees) must contact Human Res	ources to update this information.
Graduation Date:			
Do you want your name cha	anged on your pe	nding diploma? Y N	
Former Name(s):			
Please contact the IT Departmen			
Your Blackboard account will be	e updated automatica	ally, if applicable.	
Phone:	Secon	ndary email:	
Student Signature:			
Mail this form with ide	ntification to:	0	r fax with identification to:
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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

09/11/20