

MID-CONTINENT UNIVERSITY

Office of the Registrar

Name/Address Change Form

I am making a change in my: *Name Address Phone Other

Name (**before change**) _____
Last First MI

Social Security Number _____ Date Of Birth ____/____/____

NEW INFORMATION

Please complete only what applies: (New Information ONLY)

***New Name** _____
Last First MI Maiden

New Home Address _____
Street (or P.O. Box Number) City/State Zip

New Work Address _____
Street (or P.O. Box Number) City/State Zip

Cell # _____ Home # _____ Work # _____

Other:

Student Signature: _____ **Date:** _____

*** Those changing name should supply adequate and legal paper work along with this form to prove name has been changed and the reason for changing name.**

Office Use Only:

Date of Change _____ **By:** _____

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