

# MUSKINGUM

U N I V E R S I T Y

Office of the Registrar

## REQUEST FOR CHANGE OF INFORMATION

PLEASE PRINT—LEGIBLY

Student # \_\_\_\_\_

Name (Required): \_\_\_\_\_  
Indicate Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
CURRENTLY on \_\_\_\_\_  
Muskingum University \_\_\_\_\_  
Record \_\_\_\_\_ Maiden Name \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

### CHANGE OF NAME

**Documentation required with new name: Social Security Card—Legal paperwork—Drivers License**

Name Change: \_\_\_\_\_  
(Indicate NEW Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Name Here) \_\_\_\_\_  
Reason: \_\_\_\_\_

### CHANGE OF ADDRESS

NEW PERMANENT ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_