

CHANGE OF INFORMATION FORM

Please provide the following information to update your records. Return completed form to Enrollment Services Office or enrollment@mtech.edu.

UPDATING EMAIL ADDRESS CONTACT I.T. HELP DESK MG 107C.

Name: _____ ID: _____

NAME CHANGE

OLD INFORMATION	
NAME:	
ID:	

NEW INFORMATION	
NAME:	
ID:	

NOTE: In order to change your name we need proof of your name change. (i.e. Marriage License, Divorce Paperwork, Social Security Card or some other legal document)

ADDRESS AND/OR TELEPHONE NUMBER CHANGE

OLD ADDRESS INFORMATION	
ADDRESS:	
PHONE #:	
CELL PHONE #:	
TYPE:	(Circle all that apply see below for description): MA BI PR

NEW ADDRESS INFORMATION	
ADDRESS:	
PHONE #:	
CELL PHONE #:	
TYPE:	(Circle all that apply see below for description): MA BI PR

Type of Addresses:

MA- Local or Mailing Address

BI – Billing Address

PR – Permanent Address

By checking this box I'm providing my electronic signature indicating that the information provided above is true to the best of my knowledge.

Enrollment Services Office Use Only:

Completed Date: _____ Initials: _____

Forwarded Date: _____ Initials: _____

Name Change YES Address/Phone # Updated: YES

Enrollment Services Office Revised 9/25/08

G:/Reg Office Forms/Registrar's Office Forms/Change of Information Form