



Enrollment Services Office
enrollment@mtech.edu

CHANGE OF INFORMATION FORM

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

IF YOU WANT TO UPDATE YOUR EMAIL ADDRESS CONTACT I.T. HELP DESK AT 406-496-4404

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 #:	

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

Signature: _____ Type of Address to change: (please circle)

MA - mailing address BI - billing address PR - permanent address PY - payroll 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: _____

If payroll address (PY) is selected, please forward a copy of this form to payroll@mtech.edu

Name Change: _____ Address/Phone # Updated: _____