

**MURRAY STATE COLLEGE
NAME AND/OR ADDRESS CHANGE FORM**

NAME _____ SSN _____
(Current Legal Name)

NAME CHANGE

PREVIOUS NAME USED _____

NEW NAME _____
(Current Legal Name)

****Social Security card with the correct last name must be presented before name change can be processed.**

IMPORTANT: Registration will notify the IT department of your name change. If you try to log in with your previous name and it does not work try logging in with your new name. If you are still unable to access your blackboard within a week please contact the IT department located in the Administration Building first floor.

ADDRESS CHANGE

NEW MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

IF NEW:
DAYTIME PHONE: _____ **CELL PHONE:** _____

IF NEW:
E-MAIL ADDRESS _____

I authorize release of this information to any other organization associated with my MSC Financial Aid.

Student Signature

Date