

Adams Campus
 401 North Main Street
 Adams, WI 53910

Marshfield Campus
 2600 West Fifth Street
 Marshfield, WI 54449

Stevens Point Campus
 1001 Centerpoint Drive
 Stevens Point, WI 54481

Wisconsin Rapids Campus
 500 32nd Street North
 Wisconsin Rapids, WI 54494

Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 Web: mstc.edu

INSTRUCTIONS			
A. Name Change – Complete Sections 1 & 2 & 3 B. Address Change – Complete Sections 1 & 4 C. Phone Number Change – Complete Sections 1 & 5			
SECTION 1 – STUDENT IDENTIFICATION			
Name:			
Student ID Number:			
SECTION 2 – PREFERRED NAME			
Legal Name:			
Preferred Name:			
SECTION 3 – NAME OR SOCIAL SECURITY NUMBER CHANGE			
To complete a name or social security number change, a social security card and driver's license or affidavit representing the official name change must be shown as proof of identity.			
Previous Name:	New Name:		
Previous Social Security Number:	New Social Security Number:		
Office Use Only: List documents viewed and verified. _____ _____			
Employee Signature:			
SECTION 4 – ADDRESS CHANGE			
To complete an address change a document must be submitted providing proof of the address change (i.e. utility bill, driver's license, rental agreement, tax bill).			
Previous Address:	City:	State:	Zip:
New Address:	City:	State:	Zip:
Effective Date:			
SECTION 5 – PHONE NUMBER CHANGE			
Previous Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
New Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Effective Date			
Student Signature:			Date:
OFFICE USE ONLY			
Date Received:		Received By:	
Date Recorded in System:		Recorded By:	