Office use only:				
	Last Name in Ranner	New Last Name	First Name	



Student ID Nu	ımber	Current or Last Term Atte	nded			
New Name (p	lease print):					
· · · · · ·	Last	First	MI			
Previous Nam	ne (please print):					
	Last	First	MI			
Mailing Addre	ess and Phone:					
	Street	City, State, Zip	Phone			
Documentation required for name change (to be verified by MSU Billings Registrar's Office representative): > Social Security Card reflecting new name, must be signed. > Photo ID						
I authorize Mo as indicated a	ontana State University Billings to above.	update my University records to	o reflect my name change			
Student Signature:						
Student Signa	ature:	Da	te:			
Student Signa	ature:	Da	te:			
Student Signa	In order to complete the process system, we will need to see a significant with your updated name.	of a legal name change in our				
Student Signa	In order to complete the process system, we will need to see a sign	of a legal name change in our ned copy of your social security	y card			
Student Signa	In order to complete the process system, we will need to see a sign with your updated name. For your protection & security, we the following ways: In person at the Registrar's Through the mail @ 1500 to Via fax @406-657-2302 Through a file share link we	of a legal name change in our ned copy of your social security	y card y of l			