

# MONTANA TECH

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.

Name: \_\_\_\_\_ ID: \_\_\_\_\_

### NAME CHANGE:

#### OLD NAME INFORMATION

NAME:	
ID #:	

#### NEW NAME 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/PHONE INFORMATION

PHONE #:	
CELL PHONE #:	
ADDRESS:	
CITY, STATE, ZIP:	
TYPE:	Circle all that apply: MAILING BILLING PERMANENT

#### NEW ADDRESS/PHONE INFORMATION

PHONE #:	
CELL PHONE #:	
ADDRESS:	
CITY, STATE, ZIP:	
TYPE:	Circle all that apply: MAILING BILLING PERMANENT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enrollment Services Office Use Only:

Completed Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Name Change:  - YES  
Address/Phone # Updated  - YES