Print Form

Montana Tech
THE UNIVERSITY OF MONTANA

CHANGE OF INFORMATION FORM

Please provide the following information to update your records. Return completed form to Enrollment Services in MG 207 or enrollment@mtech.edu.

UPDATING EMAIL ADDRESS CONTACT COMPUTER SERVICES MG 107C.

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 #:	
TYPE:	**(Circle all that apply see below for description): ☐MA ☐BI ☐PR**

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

Type of Addresses:
MA- Local or Mailing Address
BI – Billing Address
PR – Permanent 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:_____
Name Change □**YES** Address/Phone # Updated: □**YES**