

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.

UPDATING EMAIL ADDRESS: CONTACT I.T. HELP DESK – MG 107C

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:	_____
TYPE:	Circle all that apply: MA BI PR

NEW ADDRESS/PHONE INFORMATION

PHONE #:	_____
CELL PHONE #:	_____
ADDRESS:	_____
TYPE:	Circle all that apply: MA BI PR

Signature: _____

-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: _____ Name Change: - YES
Forwarded Date: _____ Initials: _____ Address/Phone # Updated - YES