

## **CHANGE OF NAME/ADDRESS**

Please fill out this pdf and attach it in an email to registrar@mtc.edu

<b>Current Nam</b>	Last First Middle		ID# or Birth Date:	
	Last	First	Middle	
NAME CHAN	<u>GE</u>			
Change Name	e To: Last	First		Middle
	Last	1 1130		Middle
ADDRESS C	HANGE			
Old Address:	Street			
	City	State _		ZIP
	Employer			
	Home Phone		Work Phor	ne
	Cell Phone		Email	
New Address:	: Street			
	City	State _		ZIP
	Employer			
	Home Phone		Work Phor	ne
This Change i	s:			
Parent's Addr	ess Permane	ent Address Loc	al Address <sub>.</sub>	Employer
Student Signa	uture:		D	ate:
				rriage license must be presented

\*NOTE: If your name is changed due to marriage, a copy of the marriage license must be presented. A copy of your court order must be presented if your name is changed for reasons other than marriage.