



1701 North State Street, Campus Box 150436
Jackson, MS 39210-0001
Web: www.millsaps.edu/records
Email: records@millsaps.edu
Office: Academic Complex, Room 142
Phone: 601-974-1120
Fax: 601-974-1114

Change of Name Form--ENROLLED STUDENTS ONLY

A change of name request must be accompanied by legal documentation of the change.

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SSN: \_\_\_\_\_ NAME: \_\_\_\_\_
Last First Middle/Birthname

FORMER NAME (if requesting name change): \_\_\_\_\_
Last/Birthname First Middle

PERMANENT ADDRESS: \_\_\_\_\_
Street City County State Zipcode

PERMANENT TELEPHONE: \_(\_\_\_\_\_)\_\_\_\_\_

If the permanent address given is a parent address, please provide the following.

PARENT TITLE: \_\_\_\_\_ PARENT NAME(S): \_\_\_\_\_

LOCAL ADDRESS (only if different from Permanent Address): \_\_\_\_\_
Street City State Zipcode

LOCAL TELEPHONE(only if different from Permanent Telephone): \_\_\_\_\_

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REQUIRED:

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*BELOW FOR OFFICE USE ONLY\*\*\*\*\*

ORIGINATED BY ( )student or ( )\_\_\_\_\_ in \_\_\_\_\_office.

Please route to offices below and return to OFFICE of RECORDS when change noted. STUDENT AFFAIRS/FINANCIAL AID use information from STUDENT.

Office of Records \_\_\_\_\_ Business Office \_\_\_\_\_ NDSL \_\_\_\_\_
Initial/Date Initial/Date Initial/Date

Second Parent Address Info (maintained manually)

PARENT TITLE: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

PARENT ADDRESS: \_\_\_\_\_
Street City State Zipcode

PARENT HOME TELEPHONE: (\_\_\_\_\_)\_\_\_\_\_

