

Name, Address, Phone, E-mail, SSN Change Form

Print this form, complete the appropriate section(s), sign the form at the bottom and mail, fax, or deliver this form to the Office of the Registrar (including supporting documents). Use this form to correct or update student information contained in your official record. Documentation is required for name changes and social security number updates. The student is the only person authorized to change name, address, phone, e-mail and SSN information.

- Complete this section only if your primary name has changed. *Documentation required

Old Name: _____

New Name: _____

Note: if changing your legal first name, additional documentation may be required in addition to the driver's license. If you would like to add a preferred first name, please visit MyView Self-Service. Select the Names link under personal information and select the "Add a New Name" button.

- Complete this section only if your address has changed

Street: _____

City, State, Zip: _____

This is my: (check all that apply)

- Permanent Address (parents address or an address that is relatively unchanging)
- Mailing Address (where you live during the school year)
- Degree Address (where you want your diploma mailed)

- Complete this section only if your phone number has changed

New Phone Number: _____

This is my: (check all that apply)

- Permanent Phone
- Mobile Phone

- Complete this section only if your personal email address has changed

NOTE: Your UMSL e-mail address will still be used for official communication from UMSL

New non-UMSL E-mail address: _____

- Complete this section only if your social security number needs to be updated

NOTE: If you receive financial aid, your correct social security number must be maintained by the university to be in compliance with federal law. *Documentation required

Social Security Number: _____

Signature: _____

Date: _____

Printed Name: _____

Student number: _____

*Acceptable forms of documentation include driver's license, court documents, a passport, or social security card.

For Office Use Only:

Processed by: _____ Date: _____

**Update preferred last name to match primary, if necessary.