## GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY



## OFFICE OF THE REGISTRAR

Please return completed form to Admissions in Student Central or Mail to: Great Falls College MSU, Records, 2100 16th Avenue South, Great Falls, MT 59405, or Fax to: (406) 771-4329

## <u>CHANGE OF ADDRESS AND/OR</u> <u>TELEPHONE NUMBER AND/OR EMAIL ADDRESS</u>

☐ I am a work-study employee of	of GFC MSU.   I have been	n a work-study employee of GFC MSU.
Last Name:	First Name:	Middle Name:
Student ID #:	Date of Birth:	Date Last Attended:
PLEASE CHANGE (mark all that apply)	: Permanent Address	☐ Mailing Address
New Address:		
City:		
Phone Number:	Cell Phone:	Message Phone:
Email Address:		
Signature:	Date Effe	ective: