



Great Falls College MSU

CHANGE OF NAME

Please return completed form to Student Central or Mail to:

GFC MSU, Office of the Registrar, 2100 16th Avenue South, Great Falls, MT 59405, or Fax to: (406) 771-4329

Please attach a copy of your new Social Security card*

PREVIOUS LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____ Effective Date: _____

NEW LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____

Social Security Number: _____ - _____ - _____ **Current Program or Last Term Attended:** _____

Student Signature

Phone Number

By your signature you are requesting the college to update the information listed above. * A receipt will be accepted until an actual card arrives.

For Office Use Only

Date Processed:	SPAIDEN only <input type="checkbox"/>	Name Only – do not email IT
Processed by:	SPAIDEN / GZITPAC <input type="checkbox"/>	Name, Email and D2L – do not email IT
	SPAIDEN only <input type="checkbox"/>	Distribution Info Tech <input type="checkbox"/> Name and Email ONLY
	SPAIDEN / GZITPAC <input type="checkbox"/>	Distribution Info Tech <input type="checkbox"/> Name and D2L ONLY