Mississippi State University
Division of Academic Outreach & Continuing Education

Distance Learning
NAME CHANGE FORM

Previous Student Name: _____

Correct Student Name: _____

Student Email: _____ MSU ID: _____

Period of Enrollment: ☐ Fall Semester ☐ Spring Semester ☐ Summer Session

I have included one (1) of the following documents as proof of my legal name change:

☐ Copy of State-Issued ID with correct name ☐ Copy of Divorce Decree

☐ Copy of Court Order ☐ Copy of Marriage License

_____

Student's Signature Date

Reset Form

SEND OR FAX TO: Operations Unit * P.O. Box 5247 * Mississippi State, MS 39762 * FAX 662.325.2657

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