



**MISSISSIPPI STATE
UNIVERSITY™**

Division of Academic Outreach & Continuing Education

*NAME CHANGE
Form for
Distance Learning*

MSU ID: _____

PREVIOUS Student Name: _____

CORRECT Student Name: _____

Student Email: _____

Period of Enrollment: Spring Summer Fall

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

- | | |
|--|---|
| <input type="checkbox"/> Copy of State-Issued ID with correct name | <input type="checkbox"/> Copy of Divorce Decree |
| <input type="checkbox"/> Copy of Court Order | <input type="checkbox"/> Copy of Marriage License |

Student's Signature

Date

**SEND OR FAX TO:
Operations Unit
P. O. Box 5247
Mississippi State, MS 39762
FAX 662-325-2657**

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