

Mineral Area College – Office of the Registrar
P. O. Box 1000
Park Hills, MO 63601-1000
573-518-2119 (telephone)
573-518-2166 (fax)

Change of Name

Date _____

MAC ID Number (five digits) or Social Security Number _____

Former Name on Academic Record (PLEASE PRINT)

(Last)

(First)

(Middle Initial)

Other Former Names _____

Are you a current student? __Yes __No If no, Last Year & Term Attended _____

I hereby request that my academic records be maintained under the name (**New or Corrected**)
PLEASE PRINT

Last Name _____

First Name _____

Middle Name _____ Suffix _____

I authorize the name change on my Academic Record as specified above>

_____ Date _____
(Signature)

For Office Use Only

Date received Registrar's Office _____	Date updated in Jenzabar _____
Primary	Processed in Records by: _____
<input type="checkbox"/> Driver's License	
<input type="checkbox"/> State Identification Card	
Secondary	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Internal Revenue Service or State Income Tax Return form(W-2 not acceptable)	
<input type="checkbox"/> Legal or Court documents (Marriage Certificate, Marriage License, Divorce Decree, Adoption Papers, Emancipation Papers, court ordered change of name and/or gender)	