

Change of Name

For Students

Office of the Registrar

201 Lommasson Center::Missoula, MT 59801

Please **PRINT**

Government issued photo ID showing new name must be presented to prove legal name change.
Alternately, a court order declaring the name change may be presented with an old photo ID.

Former Name on Student File:

First _____
Middle _____
Last _____

New Name:

First _____
Middle _____
Last _____

Additional Info:

Student ID # _____
Birthdate _____

- I Am Currently Enrolled
 I Am **Not** Currently Enrolled

Approx. Last Year Attended _____

Reason for change (optional): _____

I hereby certify that this information is correct to the best of my knowledge:

Signature _____
Date _____

Office Use Only:

ID Verified by _____ Date _____

Type of ID _____

Processed by _____ Date _____

Notary signature required if not signed in presence of**University of Montana employee:**

State of _____
County of _____
This document was signed before me on _____
by _____
Printed name of signer

Notary Signature

NOTARIAL SEAL