## 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**

(Please refer to back for detailed instructions)

Date		
MAC ID Number (five	digits) or Social Security Num	ber
Former Name on Acade	emic Record (PLEASE PRINT	)
(Last)	(First)	(Middle Initial)
Are you a current stude	nt?YesNo If no, Last Y	ear & Term Attended
I hereby request that my PLEASE PRINT	y academic records be maintain	ned under the name (New or Corrected)
Last Name		
First Name		
Middle Name		Suffix
I authorize the name ch	ange on my Academic Record	as specified above>
		Date
(Signature)		
*If you are a work stud	y, please notify Human Resour	rces of your name change.
	For Office Use Only	
Date received Registrar's Office	Date updated	l in Jenzabar
Primary  □ Driver's License □ State Identification C		Records by:
☐ Legal or Court docum	vice or State Income Tax Return form(W-2 no nents (Marriage Certificate, Marriage License, change of name and/or gender)	t acceptable) Divorce Decree, Adoption Papers, Emancipation

## MINERAL AREA COLLEGE

### NAME CHANGE INSTRUCTIONS

Your academic record should reflect your full legal name while in attendance at Mineral Area College. A current or former student has the option of requesting the name of his/her Academic Record be modified to reflect a change in his/her legal name.

To protect the integrity of your Academic Record, we require your written authorization, primary and secondary documentation (listed below) to prove your name change. Your written authorization should include your five-digit Mineral Area College student ID number or Social Security Number, all former names, the year and term you last attended Mineral Area College, your complete new name and your signature authorizing the change. You may use the Name Change Form to authorize us to change your name on your Academic Record.

Documentary Proof of Your Name Change (Primary and Secondary)

\*\*\*\*\*At least two sources of documentation must be submitted with this request, one from

Primary area and one from Secondary area\*\*\*\*\*

### **PRIMARY:**

1. The primary document (listed below) must contain your new full name and date of birth, --Driver License.

 $\mathbf{OR}$ 

--State Identification Card

### SECONDARY:

- 2. The secondary document (listed below) must contain your new full name.
  - --Social Security Card,

OR

--Internal Revenue Service or State Income Tax Return form (W-2 not acceptable)

OR

--Legal or Court documents (i.e.: Marriage Certificate, Marriage License, Divorce Decree, Adoption Papers, Emancipation Papers, Court-ordered Change of Name and Gender)

If returning this form by mail or fax, copies of verification documents must be included with this form. Please do not submit original forms of documentation, as they will not be returned. Please complete the reverse side of this form.

*Please note:* If you are submitting copies of divorce papers, **please do not include any provision other than that ordering the name change**. That is, include only the jurisdiction (court, county, state), the name of the parties, the name change provision, signature and date of judge or clerk of court.

<sup>\*</sup>If you are a work study, please notify Human Resources of your name change.