



Great Falls College MSU

CHANGE OF NAME

Please return completed form to Student Central or Mail to:
GFC MSU, Office of the Registrar, 2100 16th Avenue South, Great Falls, MT 59405, or Fax to: (406) 771-4329

PREVIOUS LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____ Student ID: _____

NEW LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE NAME:** _____ Birth Date: _____

Social Security Number: _____ - _____ - _____ Current Program or Last Term Attended: _____
*Please attach a copy of your new Social Security card**

Student Signature _____
Phone Number

By your signature you are requesting the college to update the information listed above. * A receipt will be accepted until an actual card arrives.

For Office Use Only

Date Processed:	SPAIDEN <input type="checkbox"/>
Processed by:	GZITPAC (Argos) <input type="checkbox"/>
	GOATPAC (confirm change) <input type="checkbox"/>

Revised 08/11/2021