

## Change of Name or Directory Information

Date: \_\_\_\_\_

Full name: \_\_\_\_\_ ID# \_\_\_\_\_

MHSL Email Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_

*Electronic signatures can be accepted only if form is sent through the Mitchell Hamline email system*

### **Name Change**

Please note that name changes require documentation of legal name change.

#### **Previous Name:**

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

#### **Change to:**

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

#### **Change in directory information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return your completed form to the Registrar's Office  
registrar@mitchellhamline.edu  
or Room 120

Office use only

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_

Completed By \_\_\_\_\_

Updated July 2019