



Change of Name and Address Form

Student ID #	Name
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Change (mark all that apply)

- Student Name
- Local Address (where you reside while you are attending MBU)
- Home Address (permanent address)
- Billing Address (where you want your bill sent)

Please enter NEW information:

Name	
Street Address Apt. #	
City, State, Zip Code	
Phone Number	
Cell Phone Number	
Personal E-mail Address	

Student Signature

Date

When submitting a ***change of name*** request, legal documentation must be provided (i.e.: driver's license, social security card, court documents or passport). All supporting documentation must accompany the submission of this form. This form may be returned by fax to a secure fax machine at 314.744.7652; by e-mail to recordsoffice@mobap.edu or by U.S. Mail to:

Missouri Baptist University
Attn: Records Office
One College Park Dr
St. Louis MO 63141

All of the above information must be completed including your signature, the date, and student ID number/Social Security Number before your address can be changed.