

Adams County Center

 401 North Main Street
 Adams, WI 53910
 Phone: 608.339.3379 Fax: 608.339.9625

Marshfield Campus

 2600 West Fifth Street
 Marshfield, WI 54449
 Phone: 715.387.2538 Fax: 715.389.2864

Stevens Point Campus

 1001 Centerpoint Drive
 Stevens Point, WI 54481
 Phone: 715.344.3063 Fax: 715.342.3134

Wisconsin Rapids Campus

 500 32nd Street North
 Wisconsin Rapids, WI 54494
 Phone: 715.422.5300 Fax: 715.422.5561

Toll-free: 888.575.MSTC Web: mstc.edu
INSTRUCTIONS

- A. Name Change – Complete Sections 1 & 2
- B. Address Change – Complete Sections 1 & 3
- C. Phone Number Change – Complete Sections 1 & 4

SECTION 1 – STUDENT IDENTIFICATION

Name:

Student ID Number:

SECTION 2 – NAME OR SOCIAL SECURITY NUMBER CHANGE
To complete a name or social security number change, a social security card and driver's license or affidavit representing the official name change must be shown as proof of identity.

Previous Name:

New Name:

Previous Social Security Number:

New Social Security Number:

Office Use Only:
List documents viewed and verified.

Employee Signature:

SECTION 3 – ADDRESS CHANGE
To complete an address change a document must be submitted providing proof of the address change (i.e. utility bill, driver's license, rental agreement, tax bill).

Previous Address:

City:

State:

Zip:

New Address:

City:

State:

Zip:

SECTION 3 – PHONE NUMBER CHANGE

Previous Phone Number:

 Home Cell Work

New Phone Number:

 Home Cell Work

Effective Date:

Student Signature:

Date:

OFFICE USE ONLY

Date Received:

Received By:

Date Recorded in System:

Recorded By: