

# Change of Name and/or Address

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 [registration@msvu.ca](mailto:registration@msvu.ca)

Please complete the form and return to the Registrar's Office.

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name(s)

\_\_\_\_\_  
Mount Email Address

## Change of Name Section

Your name is originally recorded in your university student record as it was submitted on your application for admission. Your request to change your name officially in your record must be accompanied by legal documentation confirming your change of name (marriage certificate, court order, birth certificate, passport, valid driver's license, etc).

Original Name:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name(s)

New Name:

(name as it appears  
on your documentation)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name(s)

## Change of Address Section

Home/Permanent Address:

\_\_\_\_\_  
Apartment/Street

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

Local Address:

(address while attending  
classes, if different from above)

\_\_\_\_\_  
Apartment/Street

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date

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