



## 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 Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_  
on your documentation)

### 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 Apartment/Street \_\_\_\_\_ Town/City \_\_\_\_\_  
classes, if different from above) \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date

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

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information & Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Academic Calendars.