



Change of Name and/or Address

Registrar's Office Halifax NS B3M 2J6 902-457-6117 FAX 902-457-6498
registration@msvu.ca

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

Student ID# _____ Last Name/Surname _____ First Name(s)/Given Names(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

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.