

MSU Student Address Change

Social Security Number	Or MSU Mustangs ID Number		
Name			
_____	_____		
First	Middle		
_____	_____		
Last	Maiden / Other:		
New Address:			
Street 1: _____			
Street 2: _____			
City: _____			
State: _____			
Zip: _____			
Phone (cell): _____	Phone (home): _____		
Phone (work): _____			
Email (home): _____			
Email (work): _____			
I want to change my:			
<input type="checkbox"/> Mailing	<input type="checkbox"/> Permanent	<input type="checkbox"/> Billing	<input type="checkbox"/> Financial Aid *
* Address where all Financial Aid correspondence will be mailed.			
_____		_____	
Signature (required)		Date	