

Missouri Baptist University Change of Name and Address Form

FROM: (OLD)

Name _____

Address _____

Phone # _____

Change (place an X in the boxes of the areas you would like to change):

Local (*dorm, apartment, address while you are at MBU, etc...*)

Home (*permanent address*)

Responsible Party (*where you want your bill sent*)

Parent (*parents' address*)

TO: (NEW)

Name _____

Address _____

Phone # _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Processed by: _____ Date Changed: _____