



Bio-demographical Information Update/Change Form

PRINT THIS PAGE AND SEND TO:

Academic Records Office | Mayville State University | 330 3rd St NE, Mayville, ND 58257
701.788.4774 | records@mayvillestate.edu

DATE:	
STUDENT NAME:	ID:
MSU EMAIL ADDRESS:	
ADDRESS:	
PHONE NUMBER:	

Please indicate what information needs to be updated on your record at Mayville State University. Information cannot be updated unless necessary documentation is provided with this form.

Change of Gender: Male Female Unknown

Incorrect Date of Birth
(Please provide an updated copy of your driver's license or a photo ID)

Name spelling correction
(Please provide an updated copy of your driver's license or a photo ID)

Incorrect Social Security Number
(Please provide a copy of your social security card)

Missing Social Security Number
(Please provide a copy of your social security card or complete an [IRS W-9S](#))

Change of Address
Please indicate which address(es) you are needing updated:
 all on file Home Mailing Permanent Parent

I understand this information will only be updated if proper documentation is provided.

Student's Signature
(A typed signature will take the place of a handwritten signature)

Date

Office Use Only
Date Submitted _____
Date Processed _____

Verified by: _____
Processed By _____