



Biographical Information Change Form

Adams Center
401 North Main Street
Adams, WI 53910
Phone: 608.339.3379
Fax: 608.339.9625
MSTC TTY: 866.331.3603

Marshfield Campus
2600 West Fifth Street
Marshfield, WI 54449
Phone: 715.387.2538
Fax: 715.389.2864

Stevens Point Campus
933 Michigan Avenue
Stevens Point, WI 54481
Phone: 715.344.3063
Fax: 715.342.3134

Wisconsin Rapids Campus
500 32nd Street North
Wisconsin Rapids, WI 54494
Phone: 715.422.5300
Fax: 715.422.5561

Instructions:

- Name Change: Complete sections 1 & 2.
- Address Change: Complete sections 1 & 3
- Phone Number Change: Complete section 1 & 4

Section 1: Student Identification

- 1. Name: _____
- 3. Student ID _____

Section 2: Name or Social Security Number Change: To complete a name/social security number change a social security card and driver's license or affidavit representing the official name change must be shown as proof of identity.

- 1. Previous Name: _____ 1. Previous SSN: _____
- 2. New Name: _____ 2. New SSN: _____

List documents viewed and verified by staff member or attach copies. _____

Staff Member Sign's Here(Certifies review of identity documents): _____

Section 3: Address Change: To complete an address change a document must be submitted providing proof of the address change (i.e. utility bill, driver's licenses, rental agreement, tax bill)

- 1. Previous Address: _____
- 2. City/State/Zip Code: _____
- 3. New Address: _____
- 4. New City/State/Zip Code: _____

Section 4: Phone Number Change

- 1. Previous Phone Number: _____ Type (Please Circle): Mobile Home Work
- 2. New Phone Number: _____ Type (Please Circle): Mobile Home Work

Please change the above information effective: _____

Student Signature

Date

FOR OFFICIAL USE ONLY

Date Received in office: _____ Date Recorded in system: _____

Received by: _____ Done by: _____

Helpdesk Ticket Logged for Name Change: _____