

Change of Name and Address Form

Student ID #	Student Name
---------------------	---------------------

Change (mark all that apply)

- Student Name
- Local Address (dorm, apartments, address while you are at MBU, etc....)
- Home Address (permanent address)
- Responsible Party (where you want your bill sent)
- Parent Address

Please enter NEW information:

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Cell Phone Number	
E-mail Address	

Student Signature

Date

Please do not e-mail personal identifiable information. This form may be returned by fax to a secure fax machine at 314-392-2237, by e-mail to recordsoffice@mobap.edu or by U.S. Mail to:

Missouri Baptist University
Attn: Records Office
One College Park Dr
St. Louis MO 63141

All of the above information must be completed including your signature, the date, and student i.d. number/social security number before your address can be changed.