

Full Name	
DSU ID # (900#####)	
Email	Phone

Name Change

You must provide official documentation to have your name changed. Please send a copy of a your drivers license or social security card with your new name. To protect your social security information, only send your social security card via fax to 1-662-846-4016 or in a password protected pdf to registrar@deltastate.edu.

Previous Name
New Name

Permanent Address Change

Please change my permanent address to the following. Permanent address must be a physical address.

Street
City
State
Zip Code
County
Phone Number

Mailing Address Change

Please change my mailing address to the following.

Street
City
State
Zip Code
County
Phone Number

Signature	Date
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