Mesabi Range College
Name Change/ Change of Personal Information

Name ____________________________________________ Student ID ____________________________

Previous Mailing Address ________________________________________________________________
__________________________________________________________
__________________________________________________________
Previous E-Mail ____________________________________________ New E-Mail ______________________

Previous Phone ____________________________________________ New Phone ______________________

Please change my Social Security Number in my student records to: ____________________________
(Documentation must be attached. Please include Social Security Card and proof of authenticity, such as
driver's license, college ID card, or passport.)

Please change my name in my student records to: _________________________________________
(Documentation must be attached. Please include one or more of the following: marriage decree, divorce
decree, court order, or certificate of U.S. citizenship. If you are a financial aid recipient, proof of
authenticity must include a Social Security Card and a photo ID with the new name reflected on them.)

Please complete, sign, and return to:

Records Office
Mesabi Range College
1001 Chestnut Street West
Virginia, MN 55792

Phone: 218-749-7762
Fax: 218-749-0318
E-mail: b.stevinson@mesabirange.edu

*** Email may not be a secure way to send confidential information. ***

_____________________________________________  ______________________________
Student Signature (Required)  Date