

The College of St. Scholastica
Duluth, MN
NAME CHANGE

CSS I.D. #: _____

Effective Date: _____ CSS Box: _____

Are you currently enrolled? yes no If no, last term attended _____

Former Name: _____
Last First Middle

Correct Name: _____
Last First Middle

NOTE: Complete an Address Change Form if necessary. E-MAIL ADDRESS CHANGE: yes___ no___

Signature: _____ Date: _____

Please Provide Copy of Both Sides of Social Security Card reflecting New Name

****Please retain a copy for your records. You will not receive a copy once processed.***

online version revised 11/07