



Dakota State University

Personal Information Update Form

If you are requesting a name change, please print this form, attach the required documentation and mail to:

Dakota State University
Attn: Enrollment Services
820 N Washington Ave
Madison SD 57042

If you are simply requesting a change of address and not a name change, fill out the [online Personal Information Update Form](#).

Student Name: _____
Student ID Number: _____
Effective Date: _____

PLEASE COMPLETE THE SECTIONS THAT APPLY TO YOU.

Address/Phone Number Change

Previous Address: _____
Previous City, State & Zip: _____
Previous Phone Number: _____

New Address: _____
New City, State & Zip: _____
New Phone Number: _____
Cell Phone Number: _____

Please circle the type of relocation.

Local

Permanent

Summer

Name Change*

Previous Name: _____
New Name: _____

**You must attach a copy of one of the following documents to this form*

- Marriage license
- Divorce decree
- Court order indicating name change
- Current passport (non-US citizens)

FOR OFFICE USE ONLY

Enrollment Services _____	Career Services _____	Payroll _____
Alumni/Foundation _____	Loan Coll. _____	