



Change of Personal Information Request

Date: _____

Name: _____ Home of Record _____

Social Security #: (Required) _____ Student ___ Faculty ___ Staff ___

Park University ID#: _____ Signature: _____

.....
Address Change: Effective: _____

Permanent: ___ Name: _____

Local: ___ Street Address: _____

Both: ___ City: _____ State: ___ Zip Code: _____

Home Phone (required): _____ Work Phone: _____

.....
Name Change: ___ Marriage ___ Divorce ___ Other: Must attach Legal Document

Former: _____(Last) _____(First) _____(Middle Initial)

New: _____(Last) _____(First) _____(Middle Initial)

Send form to:

Registrar's Office * Park University * 8700 NW River Park Drive * Parkville, MO 64152

E-Mail Questions to: Liz.Irvin@mail.park.edu

Form must be filled out completely and signed. Allow two weeks for changes.