



Change of Personal Information Request

Date: _____

Name: _____ Home of Record _____

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

Park University ID#: _____ Signature: _____

ADDRESS CHANGE Permanent ___ Local ___ Both ___

Effective Date: _____

Name: _____

New Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (required): _____ Work Phone: _____

NAME CHANGE Marriage ___ Divorce ___ Other ___

All name change requests require a form of identification **and** your legal documentation to be submitted with this form.

Forms of ID include:

- Drivers license
- Passport
- Birth certificate
- Social Security Card
- Military ID

Legal documents needed to verify name change. Choose one of the following:

- Certified copy from the original source
- An original (a copy will be made and notarized in the office)
- A notarized copy of the document

Distance Learning Students:

If you cannot show the appropriate documents to a Park employee face to face, you will need to obtain your legal document and mail it with this form to the address provided.

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

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

Mail form to:

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

Form must be filled out completely, signed and proper documents attached in order to process the request. Please allow two weeks for changes to be made.