



## Change of Personal Information Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home of Record \_\_\_\_\_ Student \_\_\_ Faculty \_\_\_ Staff \_\_\_

Park University ID#: \_\_\_\_\_ Signature: \_\_\_\_\_

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**ADDRESS CHANGE** Permanent \_\_\_\_\_ Local \_\_\_\_\_ Both \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

New \_\_\_\_\_ Street \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (required): \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**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) \_\_\_\_\_

**Scan form to Registrar or 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.**