



Change of Personal Information Request

Date: _____

Name: _____

Social Security #: (Optional) _____ Student ____ Faculty ____ Staff ____

Park University ID#: _____ Signature: _____

ADDRESS CHANGE Permanent ____ Local ____ Both ____

Effective Date: _____

New Street Address _____

City: _____ State: _____ Zip Code: _____

Home Phone (required): _____ Cell Phone: _____

Work Phone: _____

NAME CHANGE (Optional) Marriage ____ Divorce ____ Other ____

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

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

Name change requests require a government issued form of identification.

Name Change Forms of ID
Driver's license
Passport
Social Security Card
Military ID

If you have a current Application for Diploma and Commencement Ceremony on file and your diploma has not been mailed should these changes be applied?

Address Change: Yes ____ No ____

Name Change: Yes ____ No ____

Scan form and email to registrar@park.edu 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.