



## 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) \_\_\_\_\_

**Federal Law requires that a copy of a government-issued photo ID showing your new name be submitted with this form as documentation for the permanent records of the University to reflect name change.**

Name Change Forms of ID*
Driver's license
Passport

**\*Federal Law prohibits photocopying of your military ID. Please do not send a photocopy or scan of your military ID as proof of name change.**

**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](mailto: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.**