PARK UNIVERSITY

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

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

permanenet records of the University to reflect name change.

Name Change Forms of ID*
Driver's license