

Please submit form by:

Registration and Records, 115 Administrative Center, 5115 Oak Street Kansas City, MO 64110 Fax: 816-235-5513 Email: registrar@umkc.edu

Secure File Upload: Upload through Pathway Student Center, click the Secure File Upload box and follow prompts

Name, Address, Phone, E-mail, SSN Change Form

Print this form, complete the appropriate section(s) below, sign the form at the bottom, and mail, fax, or deliver this form to the Registration & Records Office. Use this form to correct or update student information contained in your official record. Identification is required for social security number and name changes. The student is the only person authorized to change name, address, phone, e-mail and SSN information.

Old Name:	s changed.
New name:	s changed.
 Complete this section only if your address or phone number ha 	
Street:	
City, State, Zip:	
This is my: (check all that apply)	
☐ Local Address (where you live dur	ing the term)
 Permanent Address (parents add 	ress or an address that is relatively unchanging)
☐ Billing Address (where you want y	our bill mailed)
□ Diploma Address (where you war	nt your diploma mailed)
• Complete this section only if your phone number has char	nged.
New Phone Number:	
This is my: (check all that apply):	
☐ Local Phone	
Permanent Phone	
Mobile Phone	
 Complete this section only if your personal e-mail address NOTE: Your UMKC e-mail address will still be used for all official con 	
New non-UMKC E-mail address:	
 Complete this section only if your social security number l NOTE: If you receive financial aid, your correct social security number compliance with federal law. *Documentation required. 	
Social Security Number:	
Signature:	Date:
Printed Name:	Student number:
*Acceptable forms of documentation include a current driver's license or an original social security	card. Processed by: Date: