



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.

- Complete this section **only** if your name has changed. \*Documentation required.

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

New name: \_\_\_\_\_

- Complete this section **only** if your address or phone number has changed.

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This is my: (check all that apply)

- Local Address (where you live during the term)
- Permanent Address (parents address or an address that is relatively unchanging)
- Billing Address (where you want your bill mailed)
- Diploma Address (where you want your diploma mailed)
- Mailing Address (where you would receive any mail)

- Complete this section **only** if your phone number has changed.

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 has changed.  
NOTE: Your UMKC e-mail address will still be used for all official communication from UMKC.

New non-UMKC E-mail address: \_\_\_\_\_

- Complete this section **only** if your social security number has changed.  
NOTE: If you receive financial aid, your correct social security number must be maintained by the university to be in 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: \_\_\_\_\_