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Name Change Request

Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • registrar@kcumb.edu

Please complete, sign, and return this form with appropriate documentation to the Office of the Registrar.

- Please provide the following **required** documentation with your request.
 - A copy of your new social security card with your new name and signature, **AND**
 - A copy of one of the following documents:
 - Court order authorizing name change
 - Marriage license
 - United States Passport
- Documents may be scanned and sent as email attachments. It is the student's responsibility to ensure that scanned documents are legible and include the required signatures.
- For current students – upon receipt of official documentation, the IT Department will change your email address to reflect the name change. Please contact the IT HelpDesk directly if you have any questions.

Student Information

Current Name: *First* _____ *Middle* _____ *Last* _____

Former Name _____

Graduation Year or Last Date of Attendance _____ Program: COB COM Campus: Kansas City Joplin

SSN# Last four digits _____ DOB _____ Student ID number _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Request

I hereby affirm that my name was changed by (select one): **Marriage**, **Divorce**, or **Court Order** in the county of _____,
state of _____, on the _____ day of _____, 20____.

Student Signature _____ Date _____