Address Change Form

Kansas City University of Medicine and Biosciences
Registrar's Office
1750 Independence Avenue
Kansas City, MO, 64106
Phone: (816) 654-7190
Fax: (816) 654-7191

Class Year _____

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1. Name _____
First Middle Last

2. Student ID Number: _____ Social Security # (last 4 digits): xxx-xx-_____

4. Are you currently enrolled? _____Yes _____No If "No", date of last enrollment._____

5. What is/was your program of study when you last attended KCUMB: (please check below)
_____Graduate Student (Biomedical Science or Bioethics)
_____Professional Student (DO)
_____Both

6. Which address type are you updating? Please mark all that apply:

_____ Permanent Address _____ Local Address _____ Emergency Address

7. Do you need to update your phone number? If so, please indicate your current/new phone number(s) below:

_____ Home Phone
_____ Cell Phone
_____ Emergency Phone

Former Address:
Current/New Address:
Special Note: Mailings are typically sent to the student's permanent address as documented with the Registrar's Office. You are required to keep your addresses up to date at all times. If you wish to have mailings sent to your local address rather than your permanent address, please check here [ ] In some instances, pre-printed mailing may have already been produced with your existing address. Consequently, you are strongly encouraged to also notify the U.S. Postal Service of any address changes.

_____ Signature
_____ Date

OFFICE USE ONLY:

Date Received:	Date Processed:	Processed By: