Name Change Request

Kansas City University of Medicine and Biosciences
Registrar's Office
1750 Independence Avenue
Kansas City, MO, 64106

Students should complete this form, attach the APPROPRIATE DOCUMENTATION* and submit it to the Registrar's Office at the address identified above.

- As an alternative delivery method, students may copy/scan the forms, save them as a pdf document and then send them to the Registrar's Office as an email attachment. It is the student's responsibility, however, to ensure that the scanned documents are legible and include the appropriate signatures.
- **Faxed name change requests are NOT accepted.**

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1. Former Name _____
   First Middle Last

2. Current/New Name _____
   First Middle Last

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

6. Please complete the following affidavit:

I hereby affirm that my name was changed by ____marriage, ____divorce, ____*court order in

the county of _____, state of _____, on the _____ day of _____, 20_____.

_____ _____
Signature Date

***Acceptable documentation as proof of legal change of name. Do NOT fax**

A copy of your new Social Security Card (including signature) ***AND*** *a copy of any one of the following documents:*

a. *Marriage License*
b. *Court order authorizing name change*
c. *United States Passport*

Students who officially change their name while an active student will also have their KCUMB e-mail address, along with usernames managed by the I.T. Department, adjusted accordingly. Please contact the I.T. Department if you have any questions.

OFFICE USE ONLY:

Date Received:	Date Processed:	Processed By: