

# KANSAS WESLEYAN UNIVERSITY

Office of the Registrar | Student Services Suite | PH285

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## CHANGE OF PERSONAL INFORMATION

**Full Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

(Current Name in KWU records – Please Print)

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**Name Change** (*You must provide legal documentation of any name changes.*)

My new name is: \_\_\_\_\_

(Please Print)

First Name

M.I.

Last Name

This change is due to:  Marriage  Divorce  Legal Separation  Adoption  Other:

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**Address Change**

Please update my  Permanent Address/Phone  Local (In-School) Address/Phone

My new address is: \_\_\_\_\_

Street Address or P.O. Box Number

City

State

Zip

My new Phone Number is: \_\_\_\_\_

(include area code)

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**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_