

CHANGE OF PERSONAL INFORMATION

Mail to: Registration and Student Records Office
Avila University, 11901 Wornall Road, Kansas City, MO 64145
Or Fax to: (816) 501-2452

Note: Current students may submit changes (other than name changes) via their Campus Web account.

CURRENT NAME: _____
Last First Middle

AVILA ID # or SSN: _____

PLEASE PRINT NEW OR CHANGED INFORMATION ONLY

- **If Last Name above is New, check here** _____
Note: If currently enrolled, you must supply a copy of the legal document that changed your name (ex: marriage license) and a copy of your new SSN card.

Last Name when last attended Avila or other Former Name/s:

If changing name, are you an Avila Employee? Yes No

- **New Marital Status:** ____ Single ____ Married ____ Head of Household

- **New Local Address (while attending Avila):** _____
Street

- _____
City State Zip

County (if Kansas or Missouri Resident): _____

- **New Permanent Address where you vote:** _____
Street

City State Zip

- **New Phone:** (____) ____-____

Student Signature

Date

Office Use only:

In Computer: ____ Date: _____

Entered by: _____ RSRO 08/07