Correction to University Records

Applies to: Lawrence/Edwards Campus students, faculty, and staff

Purpose: This form is used to make corrections to University records in Enroll & Pay. This completed form should be delivered to the Office of the University Registrar. It may also be necessary to contact the KU Payroll Office regarding changes to employment records at (785) 864-4385. International students with an F-1 or J-1 status must contact International Student Services at (785) 864-3617 to change the name on your I-20 or DS-2019.

In order to have your name, date of birth, and/or social security number changed or corrected on your University record, you MUST provide the University Registrar with a copy of the appropriate official document, including one of the following: State-issued driver’s license, Passport, Certified copy of an executed marriage license or divorce decree.

1. Last Name    First Name    MI    Student Number    Phone Number

2. Current Address    City    State    Zip    Student Email Address

3. Are you a U.S. citizen or U.S. permanent resident? □ Yes □ No*
   *If no, a passport is the ONLY document accepted for a name change.

4. Please print clearly and indicate which items you are requesting to change by checking the box(es) below:
   □ KU/Employee ID: ____________________________    □ Date of Birth: __ __ / __ __ / __ __ __ __
   □ Social Security Number*: __ __ __ - __ __ - __ __ __ __
   *Must present a valid Social Security Number card
   □ Marital Status: □ Single □ Married
   □ Gender: □ Female □ Male
   □ Phone Number: ____________________________
   □ Ethnicity change:
   □ American Indian/Alaska Native □ Asian □ Black/African American □ Hispanic/Latino □ White
   □ Name change:
   From: ________________________________________
   Last name(s)/Surname(s)    First name(s)/Given name(s)    Middle name(s) if applicable
   To: ________________________________________
   Last name(s)/Surname(s)    First name(s)/Given name(s)    Middle name(s) if applicable

5. Have you submitted an application for degree (AFD)? □ Yes* □ No
   *If Yes, for which semester? (Check One): □ Spring □ Summer □ Fall

6. I understand that any changes made using this request form will affect my University record and academic transcript.

Your signature is required for all changes and must match new name if name is being changed.

________________________________________    ________________________
Signature    Date

Submit this form and required documents to:
The University of Kansas
Office of the University Registrar
1450 Jayhawk Blvd
Rm 121 Strong Hall
Lawrence, KS 66045-7535
Phone: 785-864-4423
Fax: 785-864-3900
Email: studentrecords@ku.edu

For Registrar’s Office use only:
Date completed: __________________
By: ____________________________

Revised 5/15/2013