



# 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\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                       Marital Status:     Single     Married

\*Must present a valid Social Security Number card

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