Governor's Scholarship Programs

Account Services Form

Instructions

- You may be required to provide documentation along with this form, depending on the changes you request below.
- Print all information in blue or black ink, ***be sure to sign and date this form***, and then mail it to the Programs at the address below. You may want to retain a copy for your records.
- ***Questions?*** Visit www.cagovernorsscholars.org or call toll-free 1 866-477-9665 for information or assistance.

1 Current Account Information

1 9 1 5 - _ _ _ _ _ _ _ _ _ _ _ _

Student Scholarship Account Number

_ _ _ - _ _ - _ _ _ _

Social Security Number or Taxpayer ID Number

Name on Account (First, MI, Last, Suffix)

Daytime Telephone Number

2 New Account Information *(Complete all sections that apply to you and submit any required documentation along with this Form.)*

> **Legal name change:** Provide a copy of your marriage license, divorce decree or any court order.

> **Misspelled name or incorrect date of birth:** Provide a copy of your birth certificate.

New Name (First, MI, Last, Suffix)

Date of Birth (MM/DD/YYYY)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer Identification card.

New Social Security Number or Taxpayer ID Number

> **Address and Contact Number:** Additional documentation is not required.

New Mailing Address, if applicable

New City, State, Zip

New Telephone Number

3 Signature and Authorization *(You must sign this section.)*

By signing below, I authorize changes to my personal information as indicated on this form and I have enclosed the required documentation.

Student Signature *Date*

Mail this form to:

Governor's Scholarship Programs
P.O. Box 219358
Kansas City, MO 64121-9358

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