

Name Change**Box 5**

Please change the Law Enforcement Officer's name to:

Last_____
First_____
MI

(Note: Please provide official documentation reflecting the name change, i.e. Driver's License, Social Security Card, Marriage Certificate, Court Order, etc.)

Rank or Title Change**Box 6**

Please Change the Law Enforcement Officer's Rank or Title to:

Effective Date of Change: _____
MM-DD-YYYY**Agency Head/Appointing Authority Signature****Box 7**

Name of Agency Head/Appointing Authority: _____

Title of Agency Head/Appointing Authority: _____

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

Signature of Agency Head/Appointing Authority_____
Date

Mail Completed Form To:

Central Registry Manager
KSCPOST
1999 N Amidon Ste 350
Wichita, KS 67203

**"Defenders of
Integrity and Truth"**

Or fax:

(316) 832-9679