



# Park City Independent

## STUDENT RECORDS-CHANGE OF INFORMATION FORM

**Park City Independent: Admissions**  
8860 E. Chaparral Road, Suite 100  
Scottsdale, AZ 85250  
Phone: 888-866-4989  
Fax: 886-436-0244  
Email: [admissions@edgenuity.com](mailto:admissions@edgenuity.com)  
[www.parkcityindependent.com](http://www.parkcityindependent.com)

**NAME CHANGES REQUIRE:** One piece of valid photo identification with current name **AND** a copy of an official govt. name change document.  
**VALID PHOTO IDENTIFICATION:** Passport, state driver's license/ID, military ID

**Return this form via link below or fax to:**  
866-436-0244

<b>Student Information (Previous)</b>		
Full Name		
E-mail Address	Date of Birth	Phone Number
Address		

<b>Student Information (New)</b>		
Full Name		
E-mail Address	Date of Birth	Phone Number
Address		

<b>Student Signature</b> (if under 18, please include a parent/guardian signature. Must match information in the student file)	
Student Name	Date
Student Signature	
Parent/Guardian Name	Date
Parent/Guardian Email Address	
Parent/Guardian Signature	

<b>PCI OFFICE USE ONLY</b>		
Received By:	Date	Updated Student SIS?