

EMERGENCY CONTACT

Name: _____

Relation: _____ PHONE _____

GENDER

_____ Male _____ Female _____ Other –or – I do not wish to disclose.

NAME: Please change my previous name, (see below, the name currently listed on my EKU academic records), to my current legal name, which is listed above. *[Students who change their name **must** contact ITDS email support to change their EKU email name - you may go to Combs 207, or call 622-3000.]*

1. **Previous Name:** _____
FIRST MIDDLE (REQUIRED) LAST

2. If you did not have an EKU ID at the time you were enrolled please include SSN: _____

3. **Have you applied to graduate? Y / N** *If Yes- then please go as soon as possible to the dean's office of the college of your major. Inform your College Graduation Expert that you have requested this name change. **You must verify with the dean's office which name you wish to have printed on your diploma, as well as where to send your diploma.** Completion of this form does not dictate which name will be printed on your diploma.*

SOCIAL SECURITY NUMBER (SSN)

Old SSN _____ New SSN _____

Below are items which will serve as satisfactory documentation

- *Temporary or permanent Social Security card and government issued photo ID: **may be used to change SSN or name.***
- *Passport or driver's license: **may be used to change name or DOB or gender identity.***
- *Birth certificate; or court order legalizing gender identity; or pre/post-operative documentation from a qualified health care provider; or letter from a mental health professional who is providing care, and which is written on letterhead with original signature; AND a government issued photo ID: **may be used to change gender.***
- *Marriage certificate, divorce decree, or court order, and government issued photo ID: **may be used to change name.***

REG OFFICE USE: Processed by _____ Date: _____

Documents presented: _____