



Office of the Registrar

Personal Information Change Request Form

This form may be used to update personal information on your permanent student records. Please refer to the Student Address Change Form, available on the Registrar's website http://registrar.eku.edu/forms to update your address information.

Are you a current EKU employee? If yes, then you must make changes to your personal information through the EKU Human Resources Office.

Please indicate below the update you are requesting; be sure to include the required documentation. The form and appropriate documents may be scanned and emailed to Registration@eku.edu. We cannot process any request where scanned items are not clearly readable. See below for list of approved supporting documentation.

*****PLEASE PRINT*****

Current Name: FIRST MIDDLE LAST
EKU ID NUMBER PHONE
EMAIL DATE
STUDENT SIGNATURE

CHECK THE ITEMS YOU WISH TO CHANGE - VERIFYING DOCUMENTATION IS REQUIRED

ADDRESS: The address you list below will be your: (check any and all that apply)
Permanent address
Mailing address
Billing address
I have applied to graduate: MAIL DIPLOMA HERE

New Address:
CITY STATE ZIP

Permanent address
Mailing address
Billing address
I have applied to graduate: MAIL DIPLOMA HERE

New Address:
CITY STATE ZIP

DATE OF BIRTH (DOB)

Old DOB New DOB

EMERGENCY CONTACT

Name: _____

Relation: _____ PHONE _____

GENDER

_____ Male _____ Female

NAME: Please change my previous name, (see below, the name currently listed on my ECU academic records), to my current legal name, which is listed above. *[Students who change their name **must** contact ITDS email support to change their ECU 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 ECU 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: _____