Are you a current EKU employee?

If YES - this form MUST be taken to EKU Human Resources, Jones 203. If this form comes to the Registrars Office and it is found that you are or have been employed by EKU, and are not a current student, we will not be able to process your request.

If NO - please bring this completed form and APPROPRIATE DOCUMENTATION* to Registrar’s Office, SSB 229.

• You may copy/scan the forms and mail, or email as an attachment from your EKU email account; copies must be readable so that the signatures on all documents can be compared. Mail this form and all appropriate documentation to: Registrar, SSB CPO 58, 521 Lancaster Ave., Richmond KY, 40475

• NOTE: Please do NOT fax this form and copies of documents – faxed copies are not sufficiently readable.

1. Former Name ____________________________
   Print clearly. This is the name currently on your student records – before the requested change.

2. Current Name ____________________________
   Print clearly.

3. Student ID Number: ____________ - __________ - __________

4. Are you currently enrolled? _____Yes _____No. If “No”, date of last enrollment ______________________.

5. Please check your status when you attended Eastern Kentucky University: (please check below)
   _____Undergraduate student
   _____Graduate student
   _____Both

6. Have you applied for graduation through your college Dean’s office? _____Yes _____No – if “No” skip to #7

   If YES - then please go as soon as possible to the dean’s office of the college of your major. Tell the Academic Specialist in charge of your graduation clearance that you have requested this name change. You must verify with that dean’s office which name you wish to have printed on your diploma. Completion of this form has no bearing on the name printed on your diploma.

7. Reason for name change: ____________________________

8. Please complete the following affidavit:

   I hereby solemnly swear or affirm that my name was changed by ____marriage, ____divorce, ____*court order in the county of ____________, state of ______________, on the ____________ day of ____________, 20__.

   ____________________________  ____________________________
   Signature                        Date

*Below is the list of acceptable documentation as proof of legal change of name. Do NOT fax (faxed copies are not readable).

1. United States passport
2. Court order authorizing name change AND drivers license/permit or photo ID from State or County Government
3. Marriage certificate AND drivers license/permit or photo ID from State or County Government
4. Social Security Card reflecting new name AND drivers license or photo ID from State or County Government
5. Temporary Social Security Card reflecting new name AND drivers license or photo ID from State or County Government

Eastern Kentucky University is an Equal Opportunity/Affirmative Action Employer and Educational Institution

9/12/2011   Office of the Registrar