



**OFFICE OF THE REGISTRAR
STUDENT NAME CHANGE FORM**
(To be used by both current and former students)

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.**

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