



Office of the Registrar Personal Information Change Request Form

This form may be used to update personal information on your permanent student record.

Are you a current EKU employee? Make changes to your personal information through the Human Resources Office.

Please indicate below the update you are requesting; 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.

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

Current Name:

_____ FIRST MIDDLE LAST

EKU ID NUMBER _____ PHONE _____

EMAIL _____ DATE _____

STUDENT SIGNATURE _____

Address and Emergency Contact updates require NO additional documentation:

- 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

EMERGENCY CONTACT

Name: _____

Relation: _____

PHONE _____

Date of Birth, Gender, Name, and Social Security Number require additional documentation. Please see acceptable documents below.

DATE OF BIRTH (DOB)

DOB on Record _____ Correct DOB _____

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:

Have you applied to graduate? Y / N *If Yes- please go to the dean's office of the college of your major as soon as possible. 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 _____

Required Documentation for Personal Information Changes:

Date of Birth: Driver's license OR Passport

Gender: Driver's license; or passport; or government issued photo ID AND 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.

Name: Driver's license; or Passport; or government issued photo ID

Social Security Number: Signed temporary or permanent social security card AND driver's license; or passport; or government issued photo ID.