

NAME CHANGE FORM

Morehead State University
Office of the Registrar
201 Ginger Hall
Morehead, KY 40351

Date: _____

MUST provide a copy of legal name change (marriage license, divorce decree, court order restoring maiden name, court order changing name, etc). Copy of driver's license or social security card are **NOT** accepted.

	LAST	FIRST	MIDDLE	MAIDEN
NEW NAME				
PREVIOUS NAME				

Complete Mailing Address: _____

Marital Status: (please circle one) Single Married Divorced Widowed	Date of Birth:	First Date of Attendance:
	Soc. Sec. #:	Student ID#:

Student's Signature: _____

INITIATED BY:	Registrar ()		UG Admissions ()		Graduate Admissions ()		Reference Book	Date	By
	Date	By			Date	By			
Computer			Optic Scan						
Folder			Checksheet				Name Program		
Perm Record			Microfilm						