

# 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)	Date of Birth:	First Date of Attendance:
Single Married Divorced Widowed	Soc. Sec. #:	Student ID#:
Student's Signature:		

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