

If you wish, you may fill in this form using your computer keyboard. Your signature is also required on the form.



University of Kentucky



NAME CHANGE AFFIDAVIT

NOTE: Please Print Legibly

FORMER Name _____

First

Middle

Last

Three dashed boxes for name components

Social Security Number _____

Name as you wish it to appear NOW _____

First

Middle

Last

Date of Birth _____

Academic College enrolled in _____

Last semester at UK _____

Signature of Applicant **X** _____

Today's Date _____

NOTE: Please allow one working day from receipt of this form for the name to be changed in the Student Information System. In order to verify your name change, we are required to see documentation which shows your name as you wish it to appear on your official record. MAKE SURE DOCUMENTATION MATCHES THE NEW NAME AS IT APPEARS ON THIS FORM.

FOR REGISTRAR'S OFFICE USE ONLY

Documentation has been inspected by Registrar staff.

Name of Staff _____

Date _____