



NAME CHANGE AFFIDAVIT

NOTE: Please Print Legibly

FORMER Name _____
First Middle Last

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 _____