



University of Kentucky



**NAME CHANGE AFFIDAVIT**

**NOTE: Please Print Legibly**

**FORMER** Name \_\_\_\_\_  
First Middle Last

Social Security or Student Number \_\_\_\_\_

Name as you wish  
it to appear **NOW** \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_

Academic College enrolled in \_\_\_\_\_

Last semester completed 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 \_\_\_\_\_