Name Change Form

Date: _____

	Last	First	Middle	Maiden
New Name				
Previous Name				

Reason for Change:

Married: _____ Divorced: _____
Date Date

Court Action/Other (please specify):

_____
_____
_____

Contact Information:

MSU ID #: _____ Date of Birth: _____

Social Security Number: _____

Are you a current student?: YES ____ No _____

If not a current student, list last date of attendance: _____

You must submit at least two of the following documents in order for our office to process your request:

*Social Security Card *Marriage Certificate *Divorce Decree *Court Order *Driver's License *Passport

Signature: _____ Date: _____

Note: If you have already applied for graduation, please email graduation@moreheadstate.edu if you wish to change the name that will appear on your diploma.