

Submit request and a copy of your Driver's License, Marriage License or other form of documentation to the University Registrar's Office, 90 SR 408 W Hickory, KY 42051

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Please change my name as follows:

FROM:

First Name	Middle Name	Last Name	Suffix
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TO:

First Name	Middle Name	Last Name	Suffix
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For the following reason:

Married on: _____ Divorced on: _____

Date	Date
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Other (state specific reason: _____)

Student Contact Information:

Address:

Street	City	State	Zip
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Date of Birth: _____ Phone: _____ Email: _____

Currently enrolled at SCU Yes ____ No ____ If "NO", date last attended: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

Received and Processed by: _____ Date: _____