



Name Change Request

Send request, copy of your Social Security card, and one other form of documentation* to:
Office of the Registrar, 113 Sparks Hall, Murray, KY 42071
Fax: 270-809-3777

Please change my name as follows:

FROM: _____
First Name Middle Name Last Name Suffix

TO: _____
First Name Middle Name Last Name Suffix

For the following reason:

Married on: _____ Date Divorced on: _____ Date

Court Action/Other (state specific reason): _____

Student Contact Information:

MSU ID #: _____ Date of Birth: _____


Phone: _____ Email: _____

Currently enrolled at MSU: YES NO If "NO", term last enrolled: _____

Copy of Social Security card and one of the following* are required:

Marriage Certificate • Divorce Decree • Adoption Papers • Court Order • Driver's License • Passport

This form will not be processed without the required documentation. More than two forms of documentation may be required to establish the link from the original name to the requested name change.

 Student Signature: _____ Date: _____

IMPORTANT NOTE: If you have already applied for graduation, please email msu.graduation@murraystate.edu if you wish to change/update the name that appears on your diploma.

OFFICE USE ONLY

Received by: _____ Date: _____ Processed by: _____ Date: _____