



Office Use Only

Initial: _____

Date: _____

Name Change Form

Student ID # _____

Previous Name: _____

New Name: _____

Signature: _____ Date: _____

- Please provide a photocopy of an new official photo identification with your new name.
- Name changes will only be completed when photo identification is provided.

Completed documents can be sent via email to: bluegrass.records@kctcs.edu