



Office Use Only  
Initial: \_\_\_\_\_  
Date: \_\_\_\_\_

***NameChange Form***

PS ID #: \_\_\_\_\_

Previous Name: \_\_\_\_\_

New Name\*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mail to: Registrar's Office  
Bluegrass Community and Technical College  
203 Oswald Building, 470 Cooper Drive  
Lexington, Kentucky 40506-0235



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