



REQUEST FOR ACADEMIC RECORD NAME CHANGE

An official name change request must be accompanied by reason and approved documentation.

Previous Student Name (Last, First, Middle)

Student ID Number

New Student Name (Last, First, Middle)

Name Change Effective Date

Preferred new title (circle one)

Dr. Rev. Mr. Miss Mrs. Ms. Other _____

Reason for Change (Select One):

- Marriage
- Divorce
- Adoption
- Other _____

Documentation Provided (Select One):

- Marriage License
- Drivers License
- Social Security Card
- Divorce Papers (first & last page with name change and judge signature)
- Other Legal Documentation:

New Legal Signature

Date

Email, mail or fax signed and completed form with legal documentation to:

registrar@sckans.edu;

Office of the Registrar

100 College St.

Winfield, KS 67156;

Fax: 620.229.6384