



GEORGETOWN
C O L L E G E

NAME CHANGE REQUEST

Date: _____

Student ID Number: _____

Social Security Number: _____

Name as it currently appears in the Georgetown College system:

First

Middle

Last

New name:

First

Middle

Last

Reason for name change: _____

Signature

This form must be accompanied by a copy of an official document with the new name.

Examples of acceptable documentation include a marriage license, Social Security card, driver's license, divorce, or legal name change form.

Submit the completed form to the Office of the Registrar.

In Person: Highbaugh Hall, Room 105

By Email: registrar@georgetowncollege.edu

By Mail: Office of the Registrar
400 E College Street
Georgetown, KY 40324