



# CHANGE OF NAME, ADDRESS OR EMERGENCY CONTACT

**Office of the Registrar**  
**Lincoln Hall, First Floor**  
**CPO 2168**  
**Berea, KY 40404**  
**859-985-3185**  
**859-985-3918 (fax)**  
**Registrar@berea.edu**

This form is to be used to change your name, address, or emergency contact in the Berea College student database. Please print legibly and return this form to the Office of the Registrar. **Please note: name changes require a Government-issued ID with the new name.** Complete only the portion of the form for which you are requesting a change.

**This box must be completed. Please print legibly.**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**NAME CHANGE**

Former Name \_\_\_\_\_

New Name \_\_\_\_\_

Reason for name change: \_\_\_ Marriage \_\_\_ Divorce \_\_\_ Court Order \_\_\_ Other (specify) \_\_\_\_\_

**Government-issued ID required**

**ADDRESS CHANGE**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**EMERGENCY CONTACT CHANGE**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_