



Current Student Legal Name or Gender Change

REQUIRED IDENTIFICATION

One valid form of identification is required. ID must demonstrate the requested change.

- | | |
|--|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> US Military Card | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> NYS Identification Card | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Passport or Passport Card | <input type="checkbox"/> Marriage/Divorce Certificate |
| <input type="checkbox"/> I-20 | <input type="checkbox"/> DS-2019 |

Name _____

SUID Number _____

Email Address _____ Phone Number _____

- Undergraduate Graduate

NAME CHANGE

Current name in the system

Last Name _____ First Name _____ Middle Initial _____

NEW NAME

Last Name _____ First Name _____ Middle Initial _____

If you answer yes to either of the following questions, you must contact Human Resources (315) 470-6611. To make changed to your name for payroll and/or benefits purposes, additional documentation may be required.

Are you currently employed at SUNY ESF? Yes No

Are you a Graduate, Research or Teaching Assistant? Yes No

GENDER CHANGE

Please provide a photocopy of an acceptable legal document reflecting the new gender.

To request a gender change to be reflected in your SUNY ESF records, please check one of the following.

- From male to female From female to male

By submitting this form along with legal documentation, you are requesting the Registrar's Office to change your gender.

By signing below, current students authorize the release of their name change to the National Student Clearinghouse for the purpose of notifying lenders and other authorized parties to verify your enrollment status. Transcripts and diplomas do not indicate the student's gender or preferred name.

Signature _____ Date _____

Registrar's Office use only

Date Rec'd _____ Date Processed _____ Initials _____