

Office of the Registrar 111 Bray Hall | Syracuse, NY 13210 P: (315)470-6655 F: (315)470-6656

Legal Name or Gender Change

REQUIRED IDENTIFICATION One valid form of identification is req	uired. ID must demonstra	te the requested change.
☐ Driver's License	☐ Social Securi	,
☐ US Military Card	☐ Court Order	
☐ NYS Identification Card	☐ Birth Certificate	
☐ Passport or Passport Card	☐ Marriage/Divorce Certificate	
□ I-20	□ DS-2019	
Name		
SUID Number		
Email Address	Phone Number	
☐ Undergraduate ☐ Gradua	ite	
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 follo (315) 470-6611. To make changed to y documentation may be required.		
Are you currently employed at SUNY Are you a Graduate, Research or Teac		□No
GENDER CHANGE Please provide a photocopy of an acce	eptable legal document re	eflecting the new gender.
To request a gender change to be refl	ected in your SUNY ESF re	ecords, please check one of the following.
☐ From male to female ☐ From fe	male to male	
By submitting this form along with le change your gender.	egal documentation, you	are requesting the Registrar's Office to
By signing below, you authorize the Clearinghouse for the purpose of no enrollment status. Transcripts and d	tifying lenders and other	
Signature		Date
Registrar's Office use only Date Rec'dD	ate Processed	Initials
Date Nee u D	att i 10000000	minus