

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 # _____

Phone Number: () _____ Email: _____

- Undergraduate
 Graduate

NAME CHANGE:

Current Name in the System:

_____	_____	_____
Last Name	First Name	Middle Initial/Name

New Name:

_____	_____	_____
Last Name	First Name	Middle Initial/Name

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, Work Study Student? 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: _____