



Personal Identification Change Form

Student name _____

Student ID# _____ Cell phone _____

Email _____ Daytime phone _____

Instructions: Use this form to request a change to personal identification information. All change requests are processed by the Office of the Registrar. Please fax or mail the completed form to the Office of the Registrar for processing.

For all change requests **at least two valid forms of identification (at least one photo ID is required) must be submitted:**

- Social Security card (always required for name changes and to change your Social Security #)
- Driver's license
- U.S. military card
- NYS identification card
- Court action
- U.S. passport or U.S. passport card

Name Change Requests

New last name _____ New first name _____

New middle name or initial _____

Social Security # Change Requests

Current Social Security # _____ If applicable, new S.S.# _____

Gender Change Request

Gender change* No Yes

*One of the two required forms of ID must be your DMV (state-government-issued) license or U.S. Passport.

Please sign the completed form and return via:

Fax 518-580-0105

or

U.S. mail

SUNY Empire State College
Office of the Registrar
111 West Avenue
Saratoga Springs, NY 12866

Student signature _____ Date _____

This form is not valid and will not be processed without your signature.

Office Use Only

Office of the Registrar processed by _____ Date _____