Personal Identification Change Form

Student name _____________________________________________________________________________________________
Student ID# or SS# ___________________________ 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
2 Union Ave.
Saratoga Springs, NY 12866-4390

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 ___________________________

Rev. 10/2014