



## Name Change Authorization

Former Name: \_\_\_\_\_ College ID #: \_\_\_\_\_

Please change my legal name to: \_\_\_\_\_

Salutation: \_\_\_\_\_

Gender: \_\_\_\_\_

Please provide a photocopy of one of the following supporting documentation for this change (this copy will be retained in your student folder):

- Social Security Card must be provided by currently enrolled students.**
- Picture ID e.g., Driver's License or Passport
- Marriage License
- Court Order

Current permanent home address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

Student's Signature

Date

Mail, fax or scan and email to:

Herkimer College, Registrar's Office, 100 Reservoir Rd, Herkimer NY 13350 / Fax # 315-866-1657 / registrar@herkimer.edu

Student Type: _____	Date Form received and Track-it sent: _____
IT Approval from Track-it: _____	Date: _____
REGISTRARS OFFICE USE ONLY: Initials: _____ Date: _____ Folder changed: _____	