



Name Change Authorization

Former Name: _____ College ID #: _____

Please change my legal name to:

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

REGISTRARS OFFICE USE ONLY: Initials: _____ Date: _____ Folder changed: _____
