



**Herkimer**  
THE STATE UNIVERSITY OF NEW YORK

## Name Change Authorization

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

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

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

Please provide a photocopy of at least 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: \_\_\_\_\_

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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: \_\_\_\_\_