



Herkimer
THE STATE UNIVERSITY OF NEW YORK

Preferred Biographical Information Change Request Form

Legal Name: _____ College ID #: _____

Please change my:

Preferred Name: _____

Pronouns: He ☐ She ☐ They ☐

Gender Identity: Male ☐ Female ☐

Non-Binary ☐ Prefers Not to Identify ☐

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: _____