

# Student Information Change Form

Complete the data below as it **currently** appears on our records. Please print clearly.

First Name:	Middle Name:	Last Name:
Student ID Number:	Date of Birth:	

## Change Name (Requires documentation: Marriage Certificate, Divorce Decree or Court Order including both names)

First:	Middle:	Last:
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## Change Date of Birth (Requires documentation: Birth Certificate)

From:	To:
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## Change Social Security Number (Requires documentation: Social Security Card or W-9S Form)

From:	To:
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## Change Legal Sex (Requires documentation: Court Order, Driver's License, U.S. Passport)

From:	To:
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## Change Gender

From:	To:    ___ Male    ___ Female    ___ Non-Binary
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## Chosen First Name

First Name Only:
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Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: [Registrar@cobleskill.edu](mailto:Registrar@cobleskill.edu) OR SUNY Cobleskill  
Registrar's Office  
Knapp Hall  
Cobleskill, NY 12043