



Name Change Form

Office of The Registrar: FAX, MAIL OR EMAIL TO: registrar@cayuga-cc.edu
AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021 Tel: (315) 294-8516 Fax: (315) 255-9983

Description: A change of legal name requires a signed, completed request form and an original or copies of the official documents listed below. A declaration of chosen name requires a signed, completed request form with no additional documents.

Instructions: Complete, sign, and submit this form to the Registrar’s Office. Attach official documentation, if required.

C#: _____ Today’s Date: _____

Student Name Currently on Cayuga Community College Records

First Name: _____ Middle Initial: _____ Last Name: _____

Phone: _____ Email: _____

CHOOSE ONE.

- My legal name has changed. **Fill in Section A and attach supporting documents.**
- I am declaring a chosen name. **Fill in Section B.**

SECTION A. Complete this section for a change of legal name only.

Enter your new legal name.

First Name: _____ Middle: _____ Last Name: _____

Attach the following documents to this form.

- Social Security Card
- Driver’s License or Passport

SECTION B. Complete this section for declaring a chosen name only.

Enter your chosen name.

First Name: _____ Middle: _____

A chosen name will not be reflected on official college documents or student’s official academic record, financial aid, or transcript. Cayuga Community College reserves the right to deny a requested chose name if the requested name is inappropriate, such as: to avoid a legal obligation, to misrepresent oneself, violates Cayuga policy, etc.

OFFICE USE ONLY

TWO IDs REQUIRED

- Social Security Card
- Passport or Driver’s License

Stamp Date Received

Date of Online Update _____
Staff Member Initials _____