

Cayuga Community College

A UNIT OF THE STATE UNIVERSITY OF NEW YORK

CHANGE OF PRIMARY (LEGAL) NAME

- At least TWO VALID and ORIGINAL forms of identification are required (see choices below in Office Use box).
- BOTH forms of the required identification must show the NEW name.
- At least ONE form of the required identification must be a photo ID.

Please print:

LAST NAME currently on Cayuga Community College records _____

FIRST NAME currently on Cayuga Community College records _____

College ID Number _____ Today's date _____

Home phone with area code

Daytime (work) phone with area code

() _____ () _____

NEW LAST NAME (legal name) _____

NEW FIRST NAME _____ NEW MIDDLE NAME or INITIAL _____

Are you a **CURRENT EMPLOYEE** of Cayuga Community College? YES NO
(If you are a Work Study Student or Student Worker, check Yes.)

If Yes, enter your Social Security number

Then complete the entire form, sign it, and submit it to Human Resources, Room M242 on the Auburn campus. Bring a Social Security card showing the NEW name.

Are you a **CURRENT STUDENT** at Cayuga Community College? YES NO
If yes, are you enrolled in a degree program?
 YES NO

Term and year you expect to complete your degree requirements:

FALL SPRING SUMMER
YEAR: 20_____

If you are a student, and NOT an employee or a student worker at Cayuga Community College, sign this form and submit to the Office of the Registrar at the Auburn campus or the Main Office at the Fulton campus.

YOUR SIGNATURE _____

DATE _____

OFFICE USE ONLY

TWO IDs REQUIRED • at least one photo ID • copy submitted IDs for files

- | | |
|--|---|
| <input type="checkbox"/> Social Security Card (required for employees) | <input type="checkbox"/> Court Action |
| <input type="checkbox"/> Passport (required for non-U.S. citizens) | <input type="checkbox"/> Professional License |
| <input type="checkbox"/> Divorce/Marriage Certificate | <input type="checkbox"/> Driver's License |

Stamp Date Received

Date of Online Update _____

Staff Member Initials _____