



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/preferred 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/preferred 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/preferred name only.

Enter your chosen/preferred name.

First Name: _____ Middle: _____

A chosen/preferred 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 chosen/preferred name if the requested name is inappropriate, such as: to avoid a legal obligation, to misrepresent oneself, violates Cayuga policy, etc.

<p>OFFICE USE ONLY</p> <p>TWO IDs REQUIRED</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Passport or <input type="checkbox"/> Driver's License</p>	<p>Stamp Date Received</p> <p>Date of Online Update _____</p> <p>Staff Member Initials _____</p>
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