

Change of Name, Social Security Number or Gender

This form is to be used to inform the college of a legal name, Social Security Number, or gender change. Original, unedited documentation (see examples below) must be presented at the time this form is submitted. We cannot accept this form, or required documentation, by electronic means.

Acceptable Documentation (Change of Name):

Birth Certificate*, Court Order*, Driver's License, Passport, Social Security Card, Marriage Certificate*.

*Certified copies of these documents can be used if submitting this form via the mail. Please note that certified copies of documentation submitted with a mailed form will not be returned back to you.

Acceptable Documentation (Change of Social Security Number):

Social Security Card.

Acceptable Documentation (Gender Change):

Driver's License, or other state issued ID that displays gender.

Student ID Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Legal Name: _____
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Legal Name Change (Please print clearly)**:			
Former:	Last	New:	Last
_____	_____	_____	_____
Former:	First and Middle	New:	First and Middle
_____	_____	_____	_____
**Your legal name must match what NYS has on file. If you have a name that you would like to be referred to as, an 'Institutionally Recognized Name' can be requested here: https://ficc.formstack.com/forms/institutionally_recognized_name			

Social Security Number Change:	
Former Social Security Number	New Social Security Number
_____	_____

Gender Change***:
I request my legal gender to be changed to: <input type="checkbox"/> Male <input type="checkbox"/> Female
***NYS is currently using a binary gender. Your legal gender must match what NYS has on file. If you have a preferred pronoun, please provide it here: https://ficc.formstack.com/forms/institutionally_recognized_name

If we have questions about this form, how may we contact you?

Home Phone #: (____) ____-____ Cell Phone #: (____) ____-____ E-mail: _____@_____

Reason for Change: _____

I certify that the information provided on this form is, to the best of my knowledge and belief, true and correct. I also certify that the documentation that I am providing is an unedited original or certified copy. I understand that a copy of my documentation will be retained with this form.

Student Signature: _____ **Date:** _____

Please return form to the One Stop Center; or Geneva, Victor or Wayne County Campus Center.

FOR OFFICE USE ONLY	
Type of documentation presented (please take a copy for the record): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Certified Copy _____ <input type="checkbox"/> Passport Type of Documentation	Do not update phone #s or email. NAE <input type="checkbox"/> Date Processed: _____ Staff Initials: _____ Sent request to Helpdesk to update their accounts: Yes <input type="checkbox"/> No <input type="checkbox"/> Updated 04/13/21

Nondiscrimination Notice: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.