**One Stop Center**
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395
(585)785-1000

# Change of Name or Social Security Number

This form is to be used to inform the college of a legal name change or Social Security Number correction. 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.

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Student ID Number: ☐☐☐☐☐☐☐ Name:_____

**Name Change *(Please print clearly)*:**

_____ _____
Former: Last New: Last

_____ _____
Former: First and Middle New: First and Middle

**Social Security Number Change:**

_____ _____
Former Social Security Number New Social Security Number

**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** | |
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| Type of documentation presented (please take a copy for the record):<br>☐ Birth Certificate ☐ Social Security Card<br>☐ Court Order ☐ Marriage Certificate<br>☐ Driver's License ☐ Certified Copy _____<br>☐ Passport Type of Documentation | **Do not update phone #s or email.**<br>NAE ☐<br>Date Processed: _____<br>Staff Initials: _____<br><br>Updated 10/01/15 |

**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.