



Student Registration and Record Services
 Room 223, Miller Building
 PO Box 2000
 Cortland, NY 13045-0900
 Phone: 607-753-4702 | Fax: 607-753-2959

Legal Name or Gender Change Request

Please complete the following information and provide any required documentation for changes. Please allow 3-4 business days for processing. This form is only for changes that have been made legally. You may also make some changes for internal College purposes only without legal documentation. Please refer to the Personal Information and Profile Change Form.

Current/Former Name and Contact Information

We only use this information to contact you and to verify your record. (Required)

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

Cortland ID: _____ Email Address: _____ Phone: _____

Permanent Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

If you do not have or know your Cortland ID number, please provide the following:

Date of Birth: _____ First Attendance Date: _____ Last Attendance Date: _____

New or Corrected Legal Name

Complete this area only if it is applicable to you.

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

New or Corrected Legal Gender

Complete this area only if it is applicable to you.

Your Legal Gender Designation: _____

Documentation Required

To legally change your name or gender, you must provide two forms of identification. At least one form must be an official or court-approved form of ID such as a U.S. Passport (or card), state or territory-issued driver's license or Sheriff/NYS Identification Card. Other documents may be one of the following, and must include the new name and/or gender:

- | | |
|--|---|
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Divorce/Marriage Certificate |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> U.S. Military ID |
| <input type="checkbox"/> Divorce Decree or Order | |

This list is not exhaustive. Other government-issued documents may also be used. Contact us at srrs@cutland.edu for assistance.

By submitting this form with required legal documentation and signing below, you are requesting that Student Registration and Record Services change your legal name and/or gender in the College records.

Your Signature: _____ Date: _____

Please mail or fax this form using or secure fax. This form, and documentation may not be emailed.

Notary Public Witness (Only required when not signed in the presence of Student Registration and Record Services Office witness.)

State of: _____ County of: _____

Signed before me this _____ day of _____, 20____

Notary Public Signature: _____

Notary Stamp or Seal