

# Student Information Change Form

Complete the data below as it **currently** appears on our records. Please print clearly.

First Name:	Middle Name:	Last Name:
Student ID Number:		Date of Birth:

<b>Change Name</b> (Requires documentation: Marriage Certificate, Divorce Decree or Court Order including both names)		
First:	Middle:	Last:

<b>Change Date of Birth</b> (Requires documentation: Birth Certificate)	
From:	To:

<b>Change Social Security Number</b> (Requires documentation: Social Security Card or W-9S Form)	
From:	To:

<b>Change Legal Sex</b> (Requires documentation: Court Order, Driver's License, U.S. Passport)	
From:	To:

<b>Change Gender</b>	
From:	To:    ___ Male    ___ Female    ___ Non-Binary

<b>Chosen First Name</b>
First Name Only:

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: [Registrar@cobleskill.edu](mailto:Registrar@cobleskill.edu) OR SUNY Cobleskill  
Registrar's Office  
Knapp Hall  
Cobleskill, NY 12043