



Niagara County Community College  
 Registration & Records  
 3111 Saunders Settlement Road  
 Sanborn, NY 14132  
 Phone: (716) 614-6250  
 Fax: (716) 614-6821

**Personal Identification Change Form**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Address Change:**

**Former:** \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**New:** \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

Is this your legal address? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what is your legal address? \_\_\_\_\_

**LEGAL Name/Gender Change:**

One of the following forms of identification is required and must show **NEW** name:

- Driver's License
- U.S. Passport or U.S. Passport Card
- NYS Identification Card
- U.S. Military Card
- Divorce/Marriage Certificate
- Court Action
- Social Security Card (required to change your social security number)

Former Last Name: \_\_\_\_\_ Former First Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_ New First Name: \_\_\_\_\_

Legal Gender: M \_\_\_\_\_ F \_\_\_\_\_

OPTIONAL:  
 Do you identify as: Man \_\_\_\_\_ Woman \_\_\_\_\_ Non-binary \_\_\_\_\_ Another \_\_\_\_\_ (please check)

Please select personal pronoun: \_\_\_\_\_ She/Her/Hers/Herself \_\_\_\_\_ He/Him/His/Himself \_\_\_\_\_ They/Them/Theirs  
 \_\_\_\_\_ Another \_\_\_\_\_ No Preference

I certify that the information contained in this form is complete and accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_\_