



Niagara County Community College
 Enrollment Center
 3111 Saunders Settlement Road
 Sanborn, NY 14132
 Phone: (716) 614-6250
 Fax: (716) 614-6820

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: _____