

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:

Change Name (Requires documentation: Marriage Certificate, Divorce Decree, Court Order, or NYS Driver's License)

First:	Middle:	Last:
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Change Date of Birth (Requires documentation: Birth Certificate)

From:	To:
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Change Social Security Number (Requires documentation: Social Security Card)

From:	To:
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Change Legal Sex (Requires documentation: Birth Certificate, Court Order)

From:	To:
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Change Gender

From:	To: ☐ Male ☐ Female ☐ Non-Binary
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Chosen First Name

First Name Only:

Signature of student: _____ Date: _____

Return form to: Registrar@cobleskill.edu OR SUNY Cobleskill Ag & Tech
Registrar's Office
Knapp Hall
Cobleskill, NY 12043