



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

Personal Identification Change Form

Student Name: _____ **Student ID/SSN:** _____

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? _____				

Name/Gender Change:

TWO valid forms of Identification are required; BOTH must show NEW name At least ONE form of required identification must be Photo ID:	
<input type="checkbox"/>	Driver's License
<input type="checkbox"/>	U.S. Passport or U.S. Passport Card
<input type="checkbox"/>	NYS Identification Card
<input type="checkbox"/>	U.S. Military Card
<input type="checkbox"/>	Divorce/Marriage Certificate
<input type="checkbox"/>	Court Action
<input type="checkbox"/>	Social Security Card (required to change your social security number)
Former Last Name:	_____ Former First Name: _____
New Last Name:	_____ New First Name: _____
Gender Change: No _____ Yes _____	
Required: DMV (state government issues) License OR U.S. Passport	

Student Signature: _____ Date: _____

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

Office Use Only: Processed by: _____ Date: _____
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