

Jefferson Community College

STUDENT RECORDS OFFICE

1220 Coffeen Street

Watertown, NY 13601

Phone 315-786-2437

Fax 315-786-2349

Request to Change Legal Name and/or Address

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Change of Address: (Please enter new address and telephone)

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Change of Name: Requires at least *ONE VALID* form of Identification (see choices below)

New Name (please print): \_\_\_\_\_  
First Middle Last

Former Name (please print): \_\_\_\_\_  
First Middle Last

Acceptable Documentation:

- Drivers License
- Passport
- Alien Registration Card (Green Card)
- Marriage Certificate
- Divorce Decree
- Naturalization Papers
- Court Approval of Name Change
- Notarized Statement declaring two variations of existing name
- Social Security Card
- Military ID Card

Student Confirmation of Information Disclosure

*You MUST sign and date this document for the information to be changed:*

I, \_\_\_\_\_, confirm that the changes I have made on \_\_\_\_\_ to my  
(please print) (today's date)  
 Personal Data as listed above are accurate and correct. \_\_\_\_\_  
(Signature)

Stamp Date Entered: