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## Change of Name

- Directions:**
1. Please print all information.
  2. Present proof of name change (see list below).

**Student Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**-OR- ID Number:** \_\_\_\_\_

**New Name:** \_\_\_\_\_  
Last First Middle

**Prior Name:** \_\_\_\_\_  
Last First Middle

**Reason for Change:** \_\_\_\_\_

**Are you a current student?**  Yes  No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month Day Year

**Proof Presented for Change:**

- |                                           |                                                       |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Court Order      | <input type="checkbox"/> Marriage License/Certificate |
| <input type="checkbox"/> Passport         | <input type="checkbox"/> Social Security Card         |
| <input type="checkbox"/> Driver's License |                                                       |

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**Office Use Only**

Revised 12/13

Date Processed: _____
Processed By: _____