CLINTON
COMMUNITY COLLEGE
STATE UNIVERSITY OF NEW YORK

46 Beekman Street, Plattsburgh, New York 12901 (518) 562-4200 Fax: (518) 562-4118 www.clinton.edu

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:

- ☐ Court Order
- ☐ Passport
- ☐ Driver's License
- ☐ Marriage License/Certificate
- ☐ Social Security Card

Office Use Only

Date Processed:_____
Processed By: _____

Revised 8/26