

SYRACUSE UNIVERSITY

Office of the Registrar

CHANGE OF STUDENT INFORMATION

SUBMIT FORM AND SUPPORTING DOCUMENTATION TO:

Email: registrar@syr.edu

Mail/Fax : Office of the Registrar, 106 Steele Hall, Syracuse NY 13244-1120; 315-443-7994

SUID: _____

Birth Name: _____

CHANGE IN NAME:

Name that should now appear on official University records:

New / Chosen Name: _____

Documentation Provided: Marriage License
 Court Order
 Social Security card (with new / chosen name)
 Valid Driver's License (with new / chosen name)
 Valid Passport (with new / chosen name)

CHANGE IN LEGAL SEX:

Sex that should now appear on official University records:

Male

Female

Documentation Provided: Valid Driver's License
 Valid Passport
 State-issued amended birth certificate showing the new sex

*Note: Other government issued forms may be discussed on a case by case basis

Student Signature: _____ Date: _____

*Please note: If you are employed in any capacity by the University, or if you receive Federal Financial Aid (FAFSA) an updated Social Security Card is required to make a change. That change should be handled by the Office of Human Resources, 210 Steele Hall, or Skytop Office Building.