

SYRACUSE UNIVERSITY

Office of the Registrar

CHANGE OF STUDENT INFORMATION

SUBMIT FORM AND SUPPORTING DOCUMENTATION TO THE OFFICE OF THE REGISTRAR:

Email: registrar@syr.edu

Fax: 315-443-7994

Mail: 106 Steele Hall, Syracuse, NY 13244-1120

SUID:

Birth Name:

CHANGE IN NAME

New / Chosen Name that should now appear on official University records:

First

Middle

Last

Documentation Provided (must show new / chosen name):

Marriage License

Court Order

Social Security Card

Valid Driver's License

Valid Passport

CHANGE IN SEX DESIGNATION

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 that other government issued forms may be discussed on a case-by-case basis

Student Signature

Date