



# Change of Primary (Legal) Name

FAX, MAIL OR EMAIL TO: registrar@cayuga-cc.edu  
AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021  
Tel: (315) 294-8888 Fax: (315) 255-9983

**PLEASE PROVIDE THE FOLLOWING TWO FORMS OF IDENTIFICATION WHICH MUST REFLECT YOUR NEW NAME:**

- Social Security Card *(If you don't have a Social Security Card number, please contact the Registrar's Office.)*
- Driver's License or Passport

Today's Date   -   -

C# C\_\_\_\_\_

### Student Name Currently on Cayuga Community College Records

Last  First  M

Home phone    -    -      
Cell or work phone    -    -

### New Student Name (legal name)

Last  First  M

Are you a **CURRENT EMPLOYEE of Cayuga Community College?**  YES  NO

*(If you are a work study student or student worker, check yes)*

### IF YOU CHECK YES Please complete the entire form, sign, and submit to:

Cayuga Community College Human Resources Office, Room R313 AUBURN CAMPUS  
*(Please bring social security card showing new name.)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### OFFICE USE ONLY

#### TWO IDs REQUIRED

• At least one MUST be a photo ID • Copy submitted IDs for files

- Social Security Card
- Passport
- Driver's License

#### Stamp Date Received

Date of Online Update \_\_\_\_\_

Staff Member Initials \_\_\_\_\_