

Jefferson Community College

STUDENT RECORDS OFFICE

1220 Coffeen Street

Watertown, NY 13601

Phone 315-786-2308

Fax 315-786-2349

Request to Change Legal Name and/or Address

Name: _____ Student ID # _____ Date of Birth _____

Change of Address: (Please enter new address and telephone)

Street:	_____
City:	_____
State/Zip:	_____
Telephone:	_____

Change of Name: Requires at least *ONE VALID* form of Identification (see choices below)

New Name (please print):	_____	_____	_____
	First	Middle	Last
Former Name (please print):	_____	_____	_____
	First	Middle	Last

Acceptable Documentation:

- Drivers License
- Passport
- Alien Registration Card (Green Card)
- Marriage Certificate
- Divorce Decree
- Naturalization Papers
- Court Approval of Name Change
- Notarized Statement declaring two variations of existing name
- Social Security Card
- Military ID Card

Student Confirmation of Information Disclosure

*You **MUST** sign and date this document for the information to be changed:*

I, _____, confirm that the changes I have made on _____ to my
(please print) (today's date)

Personal Data as listed above are accurate and correct. _____
(Signature)

Stamp Date Entered: