

Registrar's Office
Silliman Hall
Schenectady, NY 12308



Phone 518-388-6109
Fax 518-388-6173
registrar@union.edu

STUDENT INFORMATION CHANGE FORM (LEGAL NAME AND/OR SEX CHANGE)

This form must be accompanied by legal documentation of the name and/or sex change – see instructions for additional information and the list of acceptable documentation.

Name that Union College currently has on file (*Please print or type*)

FIRST, MIDDLE, LAST (FAMILY NAME) _____

ID# _____ DATE OF BIRTH _____ UNION EMAIL _____

STREET _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ CELL PHONE: _____

MARK ALL THAT APPLY:

CHANGE OF NAME:

I, the undersigned, hereby request that Union College change its records so that my new legal name below appears as my name of record.

New Name of Record (*Please print or type*)

FIRST NAME _____

MIDDLE NAME _____

LAST NAME (FAMILY NAME) _____

CHANGE OF SEX:

I, the undersigned, hereby request that Union College change its records so that my new legal sex below appears as my name of record.

MALE

FEMALE

STUDENT SIGNATURE: _____ DATE: _____

*If you are unable to present the original documents in person, you must submit the **Student Information Change Form** and either **notarized** copies of accompanying documents, or certified copies issued by the governmental agency in place of notarized copies. See second page of this form for a list of acceptable documents. This form, and all supporting documents must be returned to the **Office of the Registrar, Silliman Hall.***