LE MOYNE
Greatness meets Goodness

Office of the Registrar
1419 Salt Springs Rd
Syracuse, NY 13214
Phone: (315) 445-4456

GENDER/PREFERRED NAME CHANGE

Legal Name Change

Documents Required:

- ☐ Legal copy of a government-issued photo ID with new name/gender (Driver's License or Passport)

Along with **one** of the following:

- ☐ A notarized Name Change Affidavit
- ☐ A certified copy of the Marriage License
- ☐ Copy of Social Security Card with new name or gender
- ☐ A certified copy of the Divorce Decree that reinstates the maiden name
- ☐ A certified copy of the Court Order that changes gender

Previous Legal Name: _____ _____ _____ _____
First Middle Last ID#/SS#

New Legal Name: _____ _____ _____
First Middle Last

Preferred First Name Change

Your legal name will be used for external and legal documents (i.e diplomas). Your preferred name will be shown everywhere else.

Current Legal Name: _____ _____ _____ _____
First Middle Last ID#/SS#

Preferred First Name: _____

You may also revoke a Preferred First Name:

- ☐ Please revoke my previously requests Preferred First Name: _____

Gender Change

This change is not a legal. This is for Le Moyne College student record purposes only.

_____ _____ _____ _____
First Middle Last ID#

I am requesting that my gender be changed to:

☐ Female	☐ Non-binary
☐ Male	☐ Other _____

By signing below, current students authorize the release of their name change to the National Student Clearinghouse for the purpose of notifying lenders and other authorized parties to verify your enrollment status. Transcripts and diplomas do not indicate the student's gender.

Signature:_____ **Date:**_____

REGISTRAR'S OFFICE USE ONLY:
DATE REC'D _____ DATE PROCESSED _____INIT._____