NAZARETH UNIVERSITY

Registration and Records• Smyth 1
4245 East Ave • Rochester, NY 14618
Phone (585) 389-2800 • Fax (585) 389-2612

LEGAL GENDER and/or NAME CHANGE FORM

INSTRUCTIONS
Please complete this form in its entirety and submit with the required documentation listed below.

Accepted Documents for Gender Change

- Valid driver's license or other government-issued photo ID reflecting the change

Accepted Documents for Name Change

- Copy of social security card with new name

Gender Change

Are you requesting a gender change with the required documentation attached? ☐ YES ☐ NO

Requesting a gender change ***TO***: ☐ MALE ☐ FEMALE

Name Change

Former Name:

First Name	Middle Name	Last Name

New Name:

First Name	Middle Name	Last Name

Contact Information

ID#:	Phone Number:
Email address:	

By submitting this form with required documentation and signing below, you are requesting that the Nazareth University Registration and Records Office change your gender and/or your name. We will process your request within three business days and will email you when it is complete.

_____ _____
Signature Date

Note to Students: *By signing above, you authorize the release of name change documents, if requested, to the National Student Clearinghouse for the purpose of notifying lenders and allowing employers and other authorized parties to verify your enrollment and/or degree.*