

The College at Brockport
State University of New York
Office of Registration and Records
350 New Campus Drive, Rakov 201
Brockport, NY 14420-2966
Phone: (585) 395-2531
Fax: (585) 395-5392
Email: registrar@brockport.edu

NAME CHANGE FORM

NAME CHANGE/CORRECTION

Please attach two forms of appropriate documentation; one form of documentation must be either a marriage certificate or a court order, the second form, a photo ID.

Completed forms, with photocopies of documents, can be mailed, emailed, faxed, or walked in.

Banner ID _____

Enter your name as it currently appears on the college records:

Last First Middle

Complete new name:

Last First Middle

Signature Date