

Farmingdale State College

State University of New York

Student Information Change Form

Current Name and Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____

RAM ID or Last 4 of SSN: _____ Date of Birth: _____

1) Change of Mailing Address

You may submit a change of address request to regoffice@farmingdale.edu

Street Address

City _____ State _____ Zip Code _____ Country (If other than USA) _____

Telephone Number

2) Legal Name Change

This request cannot be emailed.

Please write your name below as it should appear on your records. Requires two -forms of documentation: Marriage Cert, Divorce Decree or Court Order including both names, and at least one document must be U.S. Passport or State Issued Drivers' License.

New Name: _____ Former Name: _____

Only legally documented name changes are eligible for username changes.

_____ I wish to update my username. _____ I do not wish to update my user name.

3) Chosen Name, Pronouns and Gender Designation

Farmingdale State College is committed to supporting a diverse, inclusive and welcoming environment for its students, and recognizes that chosen name, pronouns and gender designation are an important part of a person's identity. As such, the College provides students with the opportunity to choose preferences for these three identifying factors. These designations may be changed once an academic year and twice during a student or employee's tenure at Farmingdale State College.

[Click here to review the Policy and submit your request.](#)

4) Date of Birth Correction

This request cannot be emailed. Requires one form of documentation:
Birth Certificate, State Issued Drivers' License or Passport.

Date of Birth: _____

5) Change of Social Security Number

This request cannot be emailed. Requires documentation:
Social Security Card

New SSN: _____

Signature of Student

Documents like Birth Certificates, Passports, Social Security Card, Drivers' or Non-Drivers' License **should not be emailed**. To change information that requires the use of these documents you must come in person Mon-Fri, 8:30-4:00. Documentation must be valid original documents or certified copies. By signing below, you understand without providing the proper documentation the requested change cannot be processed and you confirm the above requested change of information is accurate. Please allow 3-4 business days for processing.

Signature: _____ Date: _____