

**Instructions:** Complete all information in Part 1 and Part 2.

## International Graduate Programs for Educators

## NAME CHANGE FORM

Return form with supporting documentation to: **International Graduate Programs for Educators** 430C South Wing Buffalo State College, State University of New York 1300 Elmwood Avenue, Buffalo, New York 14222 Phone: (716) 878-6832 • FAX: (716) 878-6809 Email: intlearning@buffalostate.edu Social Security or Student Number: \_\_\_\_ - \_\_\_ - \_\_\_ \_ \_\_\_ Part 1 - Old Information Middle Initial Print Last Name First Other **Part 2 - New Information** Print Last Name First Middle Initial Other **Proof Provided (check one):** ☐ MARRIAGE......Copy of Marriage Certificate or valid Drivers License (i.e. valid Drivers License and Passport) Marital Status (check one):  $\square$  (S) Single  $\square$  (M) Married  $\square$  (W) Widowed  $\square$  (D) Divorced Signature: Date: