

City University of New York

Phone:

Fax:

PERSONAL DATA CHANGE REQUEST FORM

(Address, Telephone No., Name, Social Security No. Changes)

Please check all that apply:

- Current Student
- Prior Student
- Alumni
- Employee

IMPORTANT: Please print clearly. For Address Changes, Name Change and/or Social Security Number changes, you must complete all information requested. Submit this form along with supporting documentation to the address above.

REQUIRED INFORMATION: All information must be noted as it appears on the records of the College.

Today's Date: _____

CUNYfirst ID Number: _____ or Social Security Number: _____

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

Signature: _____

ADDRESS AND/OR TELEPHONE NO. CHANGE

Please circle all that Apply*: Home / Mailing / Billing / Permanent

_____ (____) _____
House Number/Street Area Code Telephone No.

_____ _____ _____ _____
City State Zip Country

*Further Instructions

If this change of address is from another state to New York State a student must submit official proof of their change of residence. To qualify for in-state tuition a student must also submit a completed residency request form with the appropriate documentation. If this change of address is from NY State to another state your tuition charges will be updated to reflect your out-of-state status. If you are a foreign student, on a visa, your permanent residence must remain your home country. The student must also notify the College International Student Coordinator located on campus concerning any changes.

NAME CHANGE/ CORRECTION

CUNY requires LEGAL documentation for any change in name.

Please attach two (2) types of appropriate documentation; one type of documentation must be either a marriage certificate, passport, birth certificate, social security card, divorce decree or a court order, the second must be a Photo ID. Employees must notify Social Security of any legal name change.

_____ (Last) _____ (First) _____ (Middle Initial)
Complete New Name

_____ (Last) _____ (First) _____ (Middle Initial)
Complete Former Name

SOCIAL SECURITY NUMBER CHANGE

Please attach a copy of your Social Security card and a Photo I.D.

Enter new Social Security Number: _____