



PERSONAL DATA CHANGE REQUEST FORM

This completed form **MUST** be uploaded along with a **valid PHOTO ID** to the [Registrar's secure portal](#). Printed out forms **WILL NOT** be accepted in person or through email.

Please check all that apply: Current Student Prior Student F1 Student

PLEASE ONLY CHECK AREA TO BE UPDATED

CUNYFirst ID#

Name: _____
 Last _____ First _____ MI _____

Email: _____

ADDRESS/TELEPHONE # CHANGE: Home Mailing Billing Permanent
 Check all that apply:

House #/Street _____ Apt. # _____

City _____ State _____ Zip Code _____
Telephone: Home _____ Work _____ Cell _____

If this change of address is from another State to New York State, a student must submit official proof of change of residence. To qualify for in-state tuition, a student must submit a CUNY Residency Form with appropriate documentation. If this change of address is from NY State to another state, the student's tuition charges will be updated to reflect an out-of-state resident tuition. If you are an International student on a visa, your permanent residence must remain your home country.

SOCIAL SECURITY NUMBER:

MUST provide state/government issued Photo I.D. and a copy of your original social security card.

Incorrect Social Security Number _____ - _____ - _____

Enter new Social Security Number _____ - _____ - _____

NAME CHANGE/CORRECTION: **MUST** provide state/government issued Photo I.D. and one of the following

1. A copy of your original naturalization papers (Certificate and Court Order)
2. A copy of your certified copy of a court order authorizing the change of name
3. A copy of your original marriage certificate or divorce decree
4. A copy of your original birth certificate

Complete **FORMER** Name (Please print)

Complete **NEW** Name (Please print)

Student's Signature _____

Date _____

UPDATE DATE OF BIRTH: **MUST** provide a copy of official birth certificate or copy of passport.

Incorrect date on CUNYfirst record: _____

Correct date: _____

Staff Initial(intake): _____
 Date Submitted: _____

FOR OFFICE USE ONLY

Staff Initial: _____
 Date Processed: _____

Photo ID Checked