



Office of the Registrar
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Application to Request a Change of Name

*CUNYfirst EMPL ID (8 digits): _____ Semester: _____

NAME: _____
Last First Middle Name or Initial

*Current Address _____

*City _____ State _____ Zip _____

*Phone: Home _____ Cell _____ Work _____

*York College Email _____

Signature _____ Date _____

*All information provided will be used to update York College records.

Please print clearly

Current Name:

Change Name to:

Last Name

Last Name

Middle Name or Middle Initial

Middle Name or Middle Initial

First Name

First Name

FOR OFFICE USE ONLY

Signature
(staff member accepting original documents)

Date received

Photo ID Checked

Document submitted: Marriage Certificate Court Order Birth Certificate Other _____

And

Government Issued ID: State ID Passport Green Card Other: _____

Date Record processed

Staff Initials