





Please check all that apply: PERSONAL DATA CHANGE REQUEST FORM ☐ Current Student ☐ Prior Student (Address, Telephone No., Name, Social Security No. Changes) ☐ 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. CUNYfirst ID Number: _____ or Social Security Number: _____ ______ First Name: ______ Middle Initial: ____ Last Name: _____ Signature: ADDRESS AND/OR TELEPHONE NO. CHANGE Please circle all that Apply*: Home / Mailing / Billing / Permanent Area Code House Number/Street Telephone No. Zip City State 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. Complete New Name (Last) (First) (Middle Initial) Complete Former Name (First) (Middle Initial) (Last) **SOCIAL SECURITY NUMBER CHANGE** Please attach a copy of your Social Security card and a Photo I.D. Enter new Social Security Number: _____