

**COLLEGE NAME**  
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:  
I am a  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 Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City State Zip Code County

**\* 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: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

### SOCIAL SECURITY NUMBER CHANGE

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

Enter new Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_