PERSONAL DATA CHANGE REQUEST FORM

(Address, Telephone, Name and Social Security Number Changes)

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. If you are changing your name or social security number you must obtain a new student identification card.

REQUIRED INFORMATION							
All information must be noted as it appears on the records of the College.				1	HUMAN RESOURCES USE ONLY		
Please check all that apply:				PROCESSE INITIAL:	PROCESSED BY INITIAL: DATE:		
I am a: Current Student Prior Student	Numni 🔲 E	mployee (D o	not check if	you are a Work Sti	udy student)		
Are you receiving Financial Aid or Loans?: Yes	No						
XXX— XX—							
EMPLID (CUNYfirst ID) Last four digits SS	N						
Name:							
Last	First					MI	
Student's Signature:				Date:			
ADDRESS AND/OR TELEPHONE NUMBER CH	HANGE						
Please check all that apply*: Home Mailing	Billing	Perman	ent Tele	ephone Numbe	r: Cell	Home 🗌 Work	
House Number/Street		A	rea Code	Telep	hone Number		
City	State	Z	р	Count	ty		
*Further instructions. If this change of address must also submit a completed residency request for change of address is from NY State to another state are a foreign student, on a visa, your permanent is College International Student Coordinator located or	orm with the e your tuitior residence mi	appropriate charges wi ust remain	documer II be updat our home	ntation to Unde ted to reflect yo e country. The	ergraduate Adr our out-of-stat	missions. If this te status. If you	
NAME CHANGE/ CORRECTION							
CUNY requires LEGAL documentation for any change Original documentation is required. Please bring two (2) types of appropriate document passport, birth certificate, social security card, divor Social Security of any legal name change. You must describe the control of the con	ation; one ty ce decree or	a court orde	er, the seco	ond must be a F	hoto ID. Stude		
Complete New Name: (Last)	(First)			(N	1iddle Initial)	_	
Complete Former Name: (Last)	(First)			(N	liddle Initial)	_	
SOCIAL SECURITY NUMBER CHANGE							
Please attach a copy of your Social Security card and	a Photo I.D.	You must o	otain a nev	w student ident	ification card o	once processed.	
Enter new Social Security Number:	_	_					

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EFFECTIVE 02/2020

PREFERRED NAME REQUEST FORM	
CURRENT LEGAL NAME (Please Print):	
Last	First Middle Initial
CUNYfirst ID Number:	
request that the following name be record Perferred Name*:	ed as my Preferred Name in the Student System.
First	Middle
*Please note that only first and for middle	ames may be requested. Please select names that you would be comfortable using in
the classroom and other CUNY settings.	ames may be requested. Please select names that you would be comfortable using in
= '	at a change of name might have to students during their time with the University, a
•	s generally used to change how others refer to you. For this purpose, students may the student system. No documentation is required to have a preferred name recorded.
	a preferred name include, among other things, course rosters, student identification
cards, student email addresses, and other	documents issued by the University. A preferred name will not be reflected on, among
<u>.</u>	ecord, diploma, or transcript. To change the name that is displayed/reflected on official
	dents must follow the instructions on the Personal Data Change Request Form available me changes require specific documentation outlined on that form.
-	
Please initial here to indicate yo	ı have read and understand the paragraph above.
Student's Signature:	Date:

REGISTRAR USE ONLY

PROCESSED BY				
INITIAL:		DATE:		
INITIAL:		DATE:		

Comments:				