

CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

CHANGE OF NAME, ADDRESS, OR ID# (SOCIAL SECURITY #)

Please note the following:

- **ALL NAME CHANGES MUST BE** accompanied by supporting documentation (i.e. Marriage License, Court Order, Divorce Decree, Birth Certificate, and Immigration Papers).
- A change of ID# requires a **signed** Social Security Card.
- If you have been declared a New York State Resident **and** you change your address to an out of state address, you will be charged the Non-Resident Tuition rate for the next semester.
- YOU MUST SIGN THIS FORM AND CONFIRM IF YOU ARE RECEIVING FINANCIAL AID.
- Please submit **ORIGINAL DOCUMENTATION(S)** in order for this form to be processed.

Are you currently a CUNY Employee? Yes No

Please select address types to be updated by this request (check all that apply):

Billing Home Mailing Permanent

Please note all documents submitted become the legal property of the College and may not be surrendered back and/or copied.

CUNYfirst EMPL ID#: _____

Information as it appears on record at the PRESENT time	CHANGE TO: <i>(fill in appropriate Information)</i>
ID # (Social Security #) _____	ID # (Social Security #) _____
Last Name _____	Last Name _____
First Name/M.I. _____	First Name/M.I. _____
_____ Number and Street Address	_____ Number and Street Address
City _____	City _____
State/Zip Code _____	State/Zip Code _____
(_____) _____ Telephone # with Area Code	(_____) _____ Telephone # with Area Code

Do you receive any type of Financial Aid? Yes No

Date of Birth: ____/____/____

Student's Signature

Date

****This form will not be processed without the student's signature****

Office Use Only

Processed by _____ Print Name _____ Date _____