

# CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

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

**SUBMIT the form to The Office of the Registrar - 55 W. 125<sup>th</sup> Street, 5<sup>th</sup> floor, New York, NY 10027**

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 <b>PRESENT</b> time	<b>CHANGE TO:</b> (fill in appropriate Information)
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 \_\_\_\_\_