



GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

OFFICE OF THE REGISTRAR
55 W. 125th Street | New York, NY 10027 | 5th floor
Registrar@sph.cuny.edu

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.

CUNYfirst ID Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Signature: _____ Date: _____

ADDRESS AND/OR TELEPHONE NO. CHANGE

Please check 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 Office 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 or 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 ID.

Enter new Social Security Number: - -