

OFFICE OF THE REGISTRAR  
55 W. 125<sup>th</sup> Street | New York, NY 10027 | 5<sup>th</sup> 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: \_\_\_\_\_

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**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_