

PERSONAL DATA CHANGE REQUEST FORM (Address, Telephone, Name and Social Security Number Changes)

PROCESSED BY	
INITIAL: _____	DATE: _____
INITIAL: _____	DATE: _____

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.

Please check all that apply:

I am a: Current Student Prior Student Alumni Are you receiving Financial Aid or Loans?: Yes No

EMPLID (CUNYFirst ID) _____ Social Security Number _____ Date of Birth _____

Name: _____
Last First MI

Student's Signature: _____ Date: _____

ADDRESS AND/OR TELEPHONE NUMBER CHANGE

Please check all that apply*: Home Mailing Billing Permanent Telephone Number

House Number/Street _____ Area Code _____ Telephone Number _____
City _____ State _____ Zip _____ County _____

***Further instructions.** If this change of address is from another state to New York State, to qualify for in-state tuition a student must also submit a completed residency request form with the appropriate documentation to Undergraduate Admissions. 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 Coordinator located on campus concerning any changes.

NAME CHANGE/ CORRECTION

CUNY requires LEGAL documentation for any change of 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. Students must notify Social Security of any legal name change. You must obtain a new student identification card once processed.

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 I.D. You must obtain a new student identification card once processed.

Enter new Social Security Number: _____ - _____ - _____

PREFERRED NAME REQUEST FORM

CURRENT LEGAL NAME (Please Print):

_____ Last _____ First _____ Middle Initial _____

CUNYfirst ID Number: _____ GRADUATION YEAR (Expected): _____

I request that the following name be recorded as my Preferred Name in the Student System.

Perferred Name*:

_____ First _____ Middle _____

***Please note that only first and/or middle names may be requested. Please select names that you would be comfortable using in the classroom and other CUNY settings.**

While CUNY recognizes the importance that a change of name might have to students during their time with the University, a preferred name is not a legal name, but is generally used to change how others refer to you. For this purpose, students may identify a preferred name to be recorded in the student system. No documentation is required to have a preferred name recorded. Documents and records that may display 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 other things, a student's official academic record, diploma, or transcript. To change the name that is displayed/reflected on official academic record, diploma, or transcript students must follow the instructions on the Personal Data Change Request Form available in the Registrar's Office. Official and legal name changes require specific documentation outlined on that form.

Please initial here _____ to indicate you have read and understand the paragraph above.

Student's Signature: _____ Date: _____

OFFICE USE ONLY				Comments: _____ _____ _____
PROCESSED BY				
INITIAL:		DATE:		
INITIAL:		DATE:		