



The City University of New York
Office of Human Resources
NAME CHANGE/ CORRECTION FORM

<i>Information as it currently appears on the records of the College.</i>						
DEPARTMENT				TITLE		
LAST NAME		FIRST NAME			INITIAL	

REFERENCE #: _____ **CUNYFIRST EMPLID:** _____

PHONE _____ **E-MAIL** _____

Please select one: <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> NAME CORRECTION						
Please present an updated social security card and a Photo ID to Human Resources.						
LAST NAME		FIRST NAME			INITIAL	

SIGNATURE _____ **Date:** _____

PSC Members please see the Benefits Specialist/Officer to update your union information.

Please return this form to the Office of Human Resources, South Hall Rm 102.

HR: CUNYfirst Entry		HR Benefits Review	
Name		Name	
Signature		Signature	
Date		Date	