

CHANGE OF PERSONAL INFORMATION

PART I: COMPLETE THE FOLLOWING INFORMATION

CUNYfirst EMPL ID#:

Student's Name: _____

Last

First

Middle Name or Initial

Email Address: _____

Telephone#

New #:

<input data-bbox="1073 462 1114 534" type="text"/>	<input data-bbox="1122 462 1163 534" type="text"/>	<input data-bbox="1171 462 1212 534" type="text"/>	<input data-bbox="1220 462 1261 534" type="text"/>	<input data-bbox="1269 462 1310 534" type="text"/>	<input data-bbox="1318 462 1359 534" type="text"/>	<input data-bbox="1367 462 1408 534" type="text"/>	<input data-bbox="1416 462 1457 534" type="text"/>	<input data-bbox="1465 462 1506 534" type="text"/>	<input data-bbox="1514 462 1555 534" type="text"/>
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PART II: CHECK THE BOX THAT APPLIES

Change of Address

All students requesting **"Change of Address"** MUST refer to the Residency Information available in the Registrar's Office or Website for a complete description on the terms and conditions of this change.

Student's New Address:

Street Address

Apartment #

City

State

Zip Code

Change of Name

All students requesting **"Change of Name"** MUST provide legal documentation along with this form.

- Birth Certificate, Marriage or Divorce Certificate
- Immigration Papers (*Certificate of Naturalization, Permanent Resident Card, etc.*)
- Court Documents or State Issued Identification

Student's New Name:

Last _____ First _____ Middle Name or Initial _____

Change of Social Security Number

All students requesting a **"Change of Social Security Number"** MUST present a signed Social Security Card along with this form. This application must be submitted in person or via CUNYFirst Student Document Upload.

Student's New Social Security#/National ID:

PART III: SUBMIT ALL REQUIRED LEGAL DOCUMENTS ALONG WITH THIS FORM

I understand that all documents submitted become the legal property of the college and may not be returned and/or copied.

Student's Signature: _____

Date: _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

Received by: _____

Registrar Representative's Signature

Date: _____

Processed by: _____

Registrar Representative's Signature

Date: _____