

## CHANGE OF ADDRESS AND PERSONAL DATA FORM

**\*\*Must present photo ID at time form is submitted for verification\*\***

Student ID/Empl ID: \_\_\_\_\_ Email: \_\_\_\_\_@CITYMAIL.CUNY.EDU

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### SELECT CORRECTIONS TO BE MADE:

Billing

Home

Mailing

Permanent

**Address:** \_\_\_\_\_

Number

Street

Apt.

City

State

Zip

**Telephone Number:** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Home  Mobile  Work

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**\*\*Official documentation is required for the following\*\***

(i.e. state id, driver license, passport)

**NAME:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

**Date of Birth:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
   mm    dd    yyyy

**Gender:**

Male     Female     Transgender     Non-Binary     A Gender Not Listed

Gender Nonconforming     Not Specified (Removing Gender Information)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Official Use Only**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_