CUNY School of Medicine

PERSONAL DATA CHANGE REQUEST FORM

Use this form to update your personal data (Name, Address, Telephone Number, SSN) as it appears on CUNYfirst. CUNY requires LEGAL documentation for any change in name or SSN. Please follow the instructions specified for each section below in order to provide the correct documentation. All requests should be submitted from a school email account and emailed to SOMRegistrar@med.cuny.edu. Incomplete forms will not be processed.

REQUIRED FOR ALL REQUESTS: CURRENT STUDENT INFORMATION
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