CUNY SCHOOL OF MEDICINE

Office of the Registrar – Harris Hall, Room 102

PERSONAL DATA CHANGE REQUEST FORM

(Name, Address, Telephone #, SSN # Changes)

- CUNY requires LEGAL documentation for any change in name. Please attach two 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.
- If your address is changed from an out of state address to an in-state, it does not automatically qualify you for the in-state tuition rate. You must submit a Residency Application with required documents to change your tuition rate to in-state. If you have been declared a New York State Resident and you change your address to an out of state address, you will be charged the Non-Resident tuition rate for the next semester.
- A change of Social Security number requires a signed Social Security Card.
- Please submit ORIGINAL DOCUMENTATION. This form will not be processed with copies.

Please select address types to be updated by this request (check all that apply):

Mailing

Billing Home Permanent

CUNY*first* EMPL ID#:

Information as it appears on record at the PRESENT time	<u>CHANGE TO</u> : (fill in appropriate Information)
Last Name	Last Name
First Name/M.I.	First Name/M.I
Number and Street Address	Number and Street Address
City	_ City
State/Zip Code	State/Zip Code
()	_ ()
Telephone # with Area Code	Telephone # with Area Code
ID # (Social Security #)	ID # (Social Security #)
<u>Corrections on Name and Date of Birth</u> : Documentation mu lriver's license/state ID.	st be provided for typographical errors: birth certificate, passport
Same Correction:	
Date of Birth Correction:	
Gender Correction: Male Female	
Student's Signature:	Date:

FOR OFFICIAL USE ONLY

_____ Date: _____

Processed by: ____

Rev. 9/2016