INSTRUCTIONS FOR UPDATING PERSONAL DATA

(Please note: Original documents must be presented and photocopies are not acceptable.)

CHANGE OF ADDRESS:

- Post office box numbers are NOT acceptable

RECOMMENDED PROOF(S) FOR CHANGE OF NAME:

- Naturalization papers (certificate and court order)
- Certified court order authorizing the change of name (e.g. divorce decree)
- Original marriage certificate and/or license
- If your name is misspelled, please present your birth certificate, passport, social security card or tax returns verifying the correct spelling

CHANGE OF SOCIAL SECURITY NUMBER:

- The Social Security Card must be presented for inspection
- No changes to Social Security Numbers are processed during the last three weeks of the term or during periods of registration

RECOMMENDED PROOF(S) FOR CHANGE OF DATE OF BIRTH:

- Birth Certificate
- Naturalization Papers
- Alien Registration Card
- Passport
- Driver’s License
# Personal Data Update Request Form

Please print. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>CUNY first #</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Date of Birth (MM/DD/YY)  
(When completed, please bring this form to the Registrar’s Office, Room A-101)

**CHANGE OF ADDRESS** (Please print.)

From:  
Street  
Apt. #  
City  
State  
Zip Code  
Old: Home Telephone Number (______)________________________

To:*  
Street  
Apt. #  
City  
State  
Zip Code  
New: Home Telephone Number (______)________________________  
Primary
New: Cell Telephone Number (______)________________________  
Primary

* Residency out of New York State will result in an increase in tuition rate.

**CHANGE OF NAME** (Please print. Notify your current instructor(s) of your name change.)

From:  
Last  
First  
Middle  
To:  
Last  
First  
Middle  
Reason: _______________________________________________________

**CHANGE OF SOCIAL SECURITY NUMBER**

From:  
To:  
*To change Social Security Number and/or name, a copy of the Social Security card must be attached.

**CHANGE OF DATE OF BIRTH**

From:  
Month / Day / Year  
To:  
Month / Day / Year  

FOR OFFICE USE ONLY

Accepted by__________________________________________  Date entered on student’s record ________________

PLEASE SEE THE REVERSE SIDE FOR SAMPLES OF REQUIRED DOCUMENTS

Revised 8/2013