PLEASE ONLY CHECK AREA TO BE UPDATED

(Please print clearly)

PERSONAL DATA CHANGE REQUEST FORM

Please check one: ☐ **Current Student** ☐ **Prior Student**

Name: _____ _____ ____ _____

Last **First** **M.I.** **CUNYfirst ID #**

York College Email: _____

☐ **ADDRESS/TELEPHONE # CHANGE: Check all that apply:** ☐ Home ☐ Mailing ☐ Billing ○ Permanent

_____

House Number/Street **Apartment Number**

_____

City **State** **Zip Code**

Telephone: Home _____ **Work** _____ **Cell** _____

If this change of address is from another State to New York State, a student must submit official proof of change of residence. To qualify for in-state tuition, a student must submit a CUNY Residency Form with the appropriate documentation. If this change of address is from NY State to another state, the student's tuition charges will be updated to reflect an out–of-state resident tuition. If you are an International student on a visa, your permanent residence must remain your home country.

☐ **SOCIAL SECURITY NUMBER:**

Must provide state/government issued Photo I.D. and the original social security card (not laminated).

Incorrect Social Security Number _____ - _____ - _____

Enter new Social Security Number _____ - _____ - _____

☐ **NAME CHANGE/CORRECTION:** *Must provide state/government issued Photo I.D. and one of the following:*

1. Original naturalization papers (Certificate and Court Order)
2. A certified copy of a court order authorizing the change of name
3. Original marriage certificate or divorce decree
4. Original birth certificate

_____ _____

Complete **FORMER** Name (Please print) Complete **NEW** Name (Please print)

_____ _____

Student Signature **Date**

FOR OFFICE USE ONLY

Staff Initial(intake): _____ Staff Initial: _____

Date Submitted: _____ Date Processed: _____

◯ Photo ID Checked

Office of the Registrar 94-20 Guy Brewer Blvd. Jamaica, NY 11451 (o)718. 262.2145 (f)718.262.2631 Registrar@york.cuny.edu