



Office of the Registrar
Dining Hall, Room 128
registrar@qc.cuny.edu

Please check all that apply:

- ☐ Current Student
☐ Prior Student
☐ Alumni
☐ Employee

PERSONAL DATA CHANGE REQUEST FORM

(Address, Phone No., Name, Date of Birth Social Security No. Changes)

IMPORTANT: Please print clearly. For Permanent Address, Phone No., Name, Date of Birth, and/or Social Security changes, you must complete all information requested. Submit this form along with supporting documentation to registrar@qc.cuny.edu

REQUIRED INFORMATION: All information must be noted as it appears on the records of the College.

Date: _____ CUNYfirst ID: _____ or Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

Signature: _____

ADDRESS and/or PHONE NO. CHANGE

Please select all that apply*: Home

Mailing

Billing

Permanent

() _____

Updated House Number/ Street

Updated Phone Number

City

State

Zip

Country

*Further Instructions

If this change of address is from another state to New York State, a student must submit official proof of their change of residence. To qualify for in-state tuition a student must also submit a completed residency request form with the appropriate documentation. If this change of address is from NY State to another state, you tuition charges will be updated to reflect you out-of-state status. If you are a foreign student, on a visa, your permanent residence must remain your home country. The student must also notify the College International Student coordinator located on campus concerning any changes.

NAME CHANGE/CORRECTION: *CUNY requires LEGAL documentation for any change in name.*

Please submit two (2) 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. Employees must notify Social Security of any legal name change.

Complete New Name (Last)

(First)

(Middle)

Complete Former Name (Last)

(First)

(Middle)

SOCIAL SECURITY NUMBER CHANGE: Please submit a copy of your **Social Security Card** and a valid **Photo I.D.**

New Social Security Number: _____

CHANGE/CORRECTION OF DATE OF BIRTH: Please submit two (2) types of documentation **containing your date of birth**; one type must be either a birth certificate, valid City, State or Federal ID. The second must be a photo ID.

I am a: Current student

Prior Student

Alumni

Are you receiving Financial Aid or Loans? Yes

No

Indicate your correct date of birth: _____/_____/_____

Month

Date

Year