

Informational Change Form
 All Instructional Staff (Full Time and Adjunct)

Effective Date _____

Name _____

Department / Office _____

Full Time _____ Adjunct _____ Title / Rank _____

ADDRESS CHANGE

Street Address or P.O. Box _____

City _____ State _____ Zip Code _____

County _____

Phone _____

HIGHEST DEGREE / LICENSE

Degree _____ Major _____

Institution Name _____

Date Conferred _____

License Name _____ Number _____ Exp. Date _____

NAME CHANGE (Updated SS card must be presented)

Former Name _____

Present Name _____

OTHER CHANGES _____

Signature _____ Initials _____

Please submit form to: Faculty and Staff Relations, A-410
 Tel: 718.631.6243 Fax: 718.631.6065

| Distribution: | Room | Category | FSR - Update: |
|----------------------|-------|-----------|----------------------|
| Ysabel Macea | A-412 | All | CUNY First _____ |
| Accounting | A-406 | All | |
| Adjunct Services | A-408 | Adjunct | |
| Martha Mulvey | A-502 | All | |
| Cathy Gabel | A-408 | Adjunct | |
| Cynthia Rodriguez | A-408 | Full Time | |
| Department | | All | |