

Office of the Registrar

PERSONAL DATA CHANGE REQUEST FORM

(Address, Telephone Number, Name, Date of Birth, Social Security Number)

Please check all that apply.

I am a: Current Student Prior Student Alumni

Important: You must complete all information requested. Submit this form along with supporting documentation to the address below.

Required Information: This information must be noted as it currently appears on the records of the College.

CUNY FIRST ID # Social Security No. (Last 4 Digits)

Last Name _____ First Name _____ Middle Initial _____

Day Phone # _____ Email _____

Signature (Required): _____ Date _____

Address and Telephone Number Change

Check preferred telephone number.

Home Phone # _____ Mobile (Cell) _____
 Work Phone # _____

Address _____

City _____ State _____ Zip _____ County _____

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 your tuition charges will be updated to reflect your 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 and Date of Birth Corrections

CUNY requires legal documentation for any updates to Name or Date of Birth.

Please attach 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 (e.g. driver's license). Employees must notify Social Security of any legal name change.

Incorrect DOB: _____ Correct DOB: _____

Complete New Name:

Last Name _____ First Name _____ Middle Initial _____

Complete Former Name (As it currently appears in records of the College):

Last Name _____ First Name _____ Middle Initial _____

Social Security Number change

Please attach a copy of your Social Security Card and a photo ID.

Enter new Social Security number: - -

Address for Submission:

Office of the Registrar
 Queensborough Community College
 222-05 56th Avenue, A-104 Bayside,
 NY 11364

FAX: 718-281-5041 PHONE: 718-631-6212

EMAIL: Registrar@qcc.cuny.edu