

Office of the Registrar

# PERSONAL DATA CHANGE REQUEST FORM

(Address, Telephone Number, Name, Date of Birth, and/or 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 **NOW** 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/or 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 CHANGE/CORRECTION and/or DATE OF BIRTH CORRECTION

 CUNY requires **LEGAL** documentation for any change of Name.

Incorrect DOB: \_\_\_\_\_ Correct DOB: \_\_\_\_\_

 Complete **NEW** Name:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

 Complete **Former** Name (As it 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