

Office of the Registrar 300 Jay Street, Brooklyn, NY 11201 Telephone (718) 260-5800

PERSONAL DATA CHANGE REQUEST FORM

Using your campus email, please send completed form and supported documents to Registrar@citytech.cuny.edu.

REQUIRED INFORMATION: All information must	be noted as it ap	pears on the reco	rds of the College.
CUNYfirst ID Number:	Date:		
Last Name: First N	ame:		Middle Initial:
Phone:	Signature:		
	ature: submission from	your campus email to R	egistrar@citytech.cuny.edu will suffice.
Please choose from the following:			
ADDRESS CHANGE			
House Number/Street Cit	ty	State	Zip Code
in-state tuition a student must also submit a completed residency req from NY State to another state your tuition charges will be updated t permanent residence must remain your home country.			
NAME CHANGE/CORRECTION			
Please attach two (2) types of documentation: <u>one</u> type of <u>second</u> must either a marriage certificate/divorce decree/c name corrections.			
New Last Name New	New First Name		New Middle/Initial
DATE OF BIRTH CHANGE	SOCIAL S	SECURITY NUM	IBER CHANGE
Please attach the following documentation: Official birth certificate and a state or federally issued Photo ID.	Please attach th	e following: SS ca	rd and a Photo I.D.
New Date Of Birth: / /	New Social Se	curity Number: _	
TELEPHONE CHANGE	EMAIL CHANGE		
New Telephone Number:	New Email Address:Preferred?		
OFFICIAL USE ONLY Processed by:		Date:	