



Office of Registrar
Colston Hall, Room 513
P: 718.289.5710
F: 718.289.6308

Bronx Community College
of The City University of New York
2155 University Avenue
Bronx, New York 10453

CHANGE OF PERSONAL INFORMATION

PART I: COMPLETE THE FOLLOWING INFORMATION

CUNYfirst EMPL ID#:

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 Date of Birth:

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Student's Name: _____
Last First Middle Name or Initial

Email Address: _____ Telephone#

New #:

PART II: CHECK THE BOX THAT APPLIES

Change of Address

All students requesting "**Change of Address**" MUST refer to the Residency Information available in the Registrar's Office or Website for a complete description on the terms and conditions of this change.

Student's New Address:

Street Address Apartment #

City State Zip Code

Change of Name

All students requesting "**Change of Name**" MUST provide legal documentation along with this form.

- Birth Certificate, Marriage or Divorce Certificate
- Immigration Papers (*Certificate of Naturalization, Permanent Resident Card, etc.*)
- Court Documents or State Issued Identification

Student's New Name:

Last First Middle Name or Initial

Change of Social Security Number

All students requesting a "**Change of Social Security Number**" MUST present a signed Social Security Card along with this form.

Student's New Social Security#/National ID:

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PART III: SUBMIT ALL REQUIRED LEGAL DOCUMENTS ALONG WITH THIS FORM

I understand that all documents submitted become the legal property of the college and may not be returned and/or copied.

Student's Signature: _____ Date: _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

Received by: _____ Date: _____
Registrar Representative's Signature

Processed by: _____ Date: _____
Registrar Representative's Signature