

Change of Student Information Form

	all informati iitted (Please Cho		Part 1 and Pa	rt 2.	
Fall _ Winter	_Spring_Summ	er_ Year 2020 _	_2021		
STUDENT ST	ATUS (CIRCLE	ONE):	Se	x: Male Female	
Freshman	Transfer	Non-Degree	What is your gen	nder identity?	
CUNYFirst El	MPLID		_		
Part 1- OLD I	NFORMATION	: Name as it appears	on CUNYFirst:		
Print Last Name		Fir	st Name	Middle Initial	
Last four of th	ne Social Security	Number	Date of Bir	th (Month/Day/Year)//	
Part 2- NEW l	INFORMATION	: Information I wan	t to update on CUN	YFirst:	
Print Last Name		I	First Name	Middle Initial	
Street Name			Apartment number		
City		State		Zip Code	
Telephone Number		Student Signature			
The Admissions		uad Center. 2900 Bedi	ford Avenue. Brooklyr	n, New York 11210	
PROOF PRO		Please	do not write below-		
	Required for Cha	inge of Name:			
Original Birth (Certificate alization Papers				
Original Court		_			
	age Certificate				
Documentation Signed Social S		ial Security Number	r:		
		e of Birth Change:			
Original Birth (Certificate	S	Signature	Date entered on CF	