



Office of the Registrar

Shuster Hall, Room 102
250 Bedford Park Boulevard West
Bronx, New York 10468

P (718) 960-8255
www.lehman.edu/registrar

Personal Data Change Request Form (Address, Telephone, Name, and Social Security Changes)

IMPORTANT: Please print clearly. For Address Changes, Name Change and/or Social Security Number Changes, you must complete all information requested. Submit this form with supporting documentation to the address above. If you are changing your name or social security number and a currently enrolled student, you must obtain a new student identification card.

REQUIRED INFORMATION- PLEASE PRINT CLEARLY

All information must be noted as it appears on the records of the College.

Please check all that apply: I am a: [] Current Student [] Former Student [] Alumni

EMPLID (CUNYfirst ID) Social Security Number Date of Birth

Name: Last First MI

Student's Signature: Date:

ADDRESS AND/OR TELEPHONE NUMBER CHANGE*

Please check all that apply: [] Home [] Mailing [] Billing [] Permanent [] Telephone Number

House Number/Street Area Code Telephone Number

City State Zip County

*If this change of address is from another state to New York State, to qualify for in-state tuition a student must also submit a completed residency request form with the appropriate documentation to Admissions Office. 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

CUNY requires LEGAL documentation for any change of name. Photocopies will not be accepted.

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. Students must notify Social Security of any legal name change. You must obtain a new student identification card once processed.

Complete New Name: (Last) (First) (Middle Initial)

Complete Former Name: (Last) (First) (Middle Initial)

SOCIAL SECURITY NUMBER CHANGE/ CORRECTION

Please attach a copy of your Social Security Card and a Photo ID. You must obtain a new student identification card once processed.

Enter new Social Security Number:

FOR OFFICE USE ONLY
RECEIVED BY/ DATE:
PROCESSED BY/ DATE:
EFF. TERM: [] FA [] SP [] SU
FOLDER: [] Y [] N
ADM: FRSH TRNS GRAD
START TERM: FA SP

Return this completed form to:
Office of the Registrar
Shuster Hall, Room 102

