CUNY SCHOOL OF LABOR AND URBAN STUDIES

25 West 43rd Street, 19th fl
New York, NY 10017
Fax: 646.664.3949

Change of Address Form

Date of Request _____ Last Four# of your Social Security Number _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Mobile Telephone _____

Degree of Study: D Undergraduate D Graduate D Non-Degree

Currently Enrolled? D Yes O No

If no, last date of attendance _____

Do you receive Financial Aid or Loans? D Yes D No

Signature _____ Date _____

Mail completed request to:
CUNY School of Labor and Urban Studies
Attn: Office of the Registrar
25 W 43rd Street, 19th fl
New York, NY 10036

-or-

Fax completed Request to:
646.664.3949
Attn: Office of the Registrar

DO NOT submit via email.

For Official Use Only

Name of Advisor: _____ Date Processed: _____

Financial Aid Verification: _____ Processed by: _____