



# CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax (646) 313-8302 | [Registrar@slu.cuny.edu](mailto:Registrar@slu.cuny.edu)

## CHANGE OF PERMANENT ADDRESS

This form is to be used **only** to change your **Permanent** address. Your permanent address drives your residency status and tuition rate. Documentation is required. Changes to other address types (home, mailing, billing) do not require documentation, and can be accomplished in Self-Service in CUNYfirst.

- **Students moving out of New York State** may be charged the non-resident tuition rate effective the next immediate semester/session. Accepted forms of documentation are utility bills, other formal postal mail, a State issued Driver’s License or Non-Driver Id. Consult with the Registrar’s Office for details. Any tuition liability must be cleared with the College.
- **Students moving into New York State** do not automatically qualify student for in-state tuition or eligibility for in-state financial aid. Official proof is required to change the permanent address from another state to New York State. Accepted forms of documentation are utility bills, other formal postal mail, a NY State issued Driver’s License or a Non-Driver Id. Consult with the Registrar’s Office for details.

Upon approval, Change will be processed within 2 weeks of receipt.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**EMPLID:** \_\_\_\_\_

**Documents provided:**

Bank statement

Utility bill

Driver’s license

State identification

**My Permanent Address should be recorded as:**

Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The requested permanent address should also be recorded as (check all that apply):

Home     Mailing     Billing

**Student’s 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**

**Submit via Document Upload**  
[Click here](#) to learn more

-----**For Administrative Use Only**-----

Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Decision:             Approve             Deny            If “denied”, reason:

Signature: \_\_\_\_\_