



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

PERSONAL DATA CHANGE FORM

Instructions: Fill out all information under “Required Information”, then select and fill out only those sections that apply to the desired adjustments. This is a two-sided form, and requirements for each change are listed in each section. **Please print clearly.**

REQUIRED INFORMATION

(INFORMATION IN THIS SECTION MUST BE RECORDED AS IT CURRENTLY APPEARS IN COLLEGE RECORDS.)

Last Name: _____ First Name: _____ Middle: _____

EMPLID Number: _____ Last Four Digits of Social Security #: _____

Phone Number: _____ Email address: _____

I am a: ___ currently enrolled student ___ prior student requesting modifications be made to my student records.

SELECT ONE OR MORE OF THE REQUIRED CHANGES

DOCUMENTED NAME CHANGE / CORRECTION OF DOCUMENTED NAME (DOCUMENTATION REQUIRED)

A Documented Name (formerly referred to as LEGAL) change requires official documentation. Accepted forms of documentation are a photo id, **and one** of the following: marriage certificate, passport, birth certificate, social security card, divorce decree, or court order.

Former Last Name	Former First Name	Former Middle Name
New/Corrected Last Name	New/Corrected First Name	New/Corrected Middle Name

DATE OF BIRTH CORRECTION (DOCUMENTATION REQUIRED)

An adjustment or correction to the Date of Birth in student records requires official documentation in the form of a photo id, and the original (or official replacement/duplicate) birth certificate.

DATE OF BIRTH AS IT **CURRENTLY** APPEARS: ____ / ____ / ____

DATE OF BIRTH AS IT **SHOULD** APPEAR: ____ / ____ / ____



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SOCIAL SECURITY NUMBER CHANGE / CORRECTION (DOCUMENTATION REQUIRED)

An adjustment or correction to the Social Security Number in student records requires official documentation in the form of a photo id, and the originally (or official replacement/duplicate) issued Social Security Card.

SOCIAL SECURITY NUMBER AS IT **CURRENTLY** APPEARS: _____

SOCIAL SECURITY NUMBER AS IT **SHOULD** APPEAR: _____

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: _____