

CHANGE OF NAME / SOCIAL SECURITY NUMBER

YEAR: (Circle One) **FT/PT** **FIRST** **SECOND** **THIRD** / /
Date

NAME (Please Print) _____ _____ _____
Last Name First Name M.I.

CUNYfirst ID _____ _____
Signature

I request that the following change(s) be made:

NAME CHANGE

Name **CURRENTLY** in Records: _____
Last Name First Name M.I.

*Name **CHANGED** to: _____
Last Name First Name M.I.

Reason for Name Change: _____
* Attach court order if applicable

Check if you currently are, or have ever been, employed by any CUNY campus.

SOCIAL SECURITY NUMBER CHANGE

Name: _____
Last Name First Name M.I.

CORRECT Social Security Number _____
Present Social Security Card for verification

Check if you currently are, or have ever been, employed by any CUNY campus.

***** FOR OFFICE USE ONLY *****

Change made on _____ / _____ /20 _____ by _____
Date