



# LaGuardia Community College - Office of the Registrar

## Personal Data Change Request

(Name, Date of Birth, Address, Telephone and Social Security Number Changes)

Please check all that apply:

I am a ☐ Current Student ☐ Prior Student ☐ Alumni

IMPORTANT: Original official documentation must accompany this request. Submit this form to the Registrar's Office, room C-107, Or email to [cmarte@lagcc.cuny.edu](mailto:cmarte@lagcc.cuny.edu) with subject "CHANGE OF DATA"

PLEASE PRINT CLEARLY

CUNYfirst EMPL ID#

Last Name

First Name

**NAME CHANGE/CORRECTION:** CUNY requires **LEGAL** documentation for any change in name. Attach 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.

Complete **New** Last Name

First Name

Middle Name/Initial

Complete **Former** Last Name

First Name

Middle Name/Initial

**DATE OF BIRTH CORRECTION:** Attach a copy of your Birth Certificate and Social Security Card.

Old DOB:

MM/DD/YYYY

New DOB:

MM/DD/YYYY

**SOCIAL SECURITY NUMBER CHANGE:** Attach a copy of your Social Security card and Photo I.D.

Old Social Security #:

New Social Security #:

**ADDRESS AND/OR TELEPHONE NUMBER CHANGE:** Please check all that apply\*

☐ Home ☐ Mailing ☐ Billing ☐ Permanent ☐ Telephone Number

House Number/Street

Apt No

City

State

Zip Code

Country

Phone No

### \*Further instructions

If this change of address is from another state to New York State a student must submit official proof of their change of residence. To qualify for in-state tuition a student must also submit a completed residency request form with the appropriate documentation. If this change of address is from NY State to another state your tuition charge 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 International Student Services Office (room B-117) concerning any changes.

*Student's Signature:*

*Date:*

*Signature from Pick-up:*

*Date:*

**Registrar's Office use only**

*Processed by:*

*Date:*

ADDRESS: 31-10 Thomson Avenue  
Long Island City, NY 11101

PHONE: 718-482-7200  
WEB: [www.laguardia.edu](http://www.laguardia.edu)

