

LaGuardia Community College - Office of the Registrar

Personal Data Change Request
(Name, Date of Birth, Address, Telephone and Social Security Number Changes)

Community College Please check all that apply:	I am a Current	Student P	rior Student	Alumni	
IMPORTANT: Original official docu					
Registrar's Office, room C-107, Or en PLEASE PRINT CLEARLY	nail to cmarte@lagcc.cui	1y.edu with subj	ect CHANGE (OF DATA	
I LEASE I KINI CLEARLI					
			CUNYfirst El	MPL ID#	
Last Name		First Name			
NAME CHANGE/CORRECTI 2 types of appropriate documentati birth certificate, social security can	on. One type of documer	itation must be ei	ther a marriage	certificate, passport,	
Complete New Last Name	Fir	st Name	Mide	dle Name/Initial	
Complete <u>Former</u> Last Nai	ne Fi	First Name		lle Name/Initial	
DATE OF BIRTH CORRECT	ION: Attach a copy of y	our Birth Certific	rate and Social S	ecurity Card.	
Old DOB:		New DOB:			
	1/DD/YYYY	M	M/DD/YYYY		
CUNfirst ID # CHANGE: Old Social Security:	#:	New Social Security #:			
ADDRESS AND/OR TE EPHO	NE NUMBER CHANC	E: Please check	k all that apply*		
Home Mailing Billing Permanent Telephone Number					
House Number/Street	Apt №	City	State	Zip Code	
Country Phone № *Further instructions					
If this change of address is from another residence. To qualify for in-state tuition documentation. If this change of address out-of-state status. If you are a foreign student must also notify the Internation.	n a student must also subm ss is from NY State to anot student, on a visa, your pe	it a completed res her state your tuit rmanent residence	idency request fo tion charge will be must remain you	rm with the appropriate e updated to reflect your ur home country. The	
Student's Signature:			Date:		
Signature from Pick-up:		Date:			
	Registrar's Offic	ce use only			

PHONE: 718-482-7200

WEB: www.laguardia.edu

Original – Registrar's Office

Yellow copy – Student