College of Staten Island

The City University of New York

Office of the Registrar 2800 Victory Blvd • Building 2A, Room 107 Staten Island, NY 10314

REQUEST FOR CHANGE IN STUDENT RECORD

Please complete name and Social Security number as carried in College record:

LAST NAME	FIRST	SOCIAL SECURITY NO.	
As they currently appear on you	ır record.		
My Social Security number is w	vrong. Please change it to:		
SOCIAL SECURITY NO]		
(Attach a copy of your Social S	Security card)		
Please change my name to: (Sul	bmit a copy of the documentation	n of your name change)	
LAST NAME	FIRST		
My birth date is wrong: (Submi Please change to:	it an official copy of your birth ce	ertificate or driver license)	
DATE OF BIRTH			
]		

Date

Signature of Student

Date Processed

cc: Financial Aid/Student 7/2014