**Hunter College of the City University of New York – Office of the Registrar**
OASIS, Room 217 North, 695 Park Avenue, NY 10021

**CHANGE OF NAME , ADDRESS, OR ID# (SOCIAL SECURITY#)**

**ALL NAME CHANGES MUST BE** accompanied by supporting documentation
(i.e., MARRIAGE LICENSE, COURT ORDER, DIVORCE DECREE, BIRTH CERTIFICATE, IMMIGRANT PAPERS)

| Information as it appears on **present** Hunter records | **CHANGE TO:** (Fill in appropriate information) |
|---|---|
| ☐☐☐-☐☐-☐☐☐☐<br>ID# (Social Security#) | ☐☐☐-☐☐-☐☐☐☐<br>**ID# (Social Security#)** |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>Last Name | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>**Last Name** |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐<br>First Name Initial | ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐<br>**First Name Initial** |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>Number and Street Address | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>**Number and Street Address** |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>City | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>**City** |
| ☐☐ ☐☐☐☐☐-☐☐☐☐<br>State Zip Code | ☐☐ ☐☐☐☐☐-☐☐☐☐<br>**State Zip Code** |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>County | ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐<br>**County** |
| (☐☐☐) ☐☐☐-☐☐☐☐<br>Telephone with Area Code | (☐☐☐) ☐☐☐-☐☐☐☐<br>**Telephone with Area Code** |

Do you receive any type of Financial Aid? ☐ Yes ☐ No

Date of Birth: ☐☐/☐☐/☐☐☐☐

Student Signature_____ Date _____