



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK

OFFICE OF ADMISSIONS
300 JAY STREET, BROOKLYN, NY 11201-1909
(718) 260-5500 ♦ FAX: (718) 260-5504 ♦ ROOM NG17

FOR FIRST SEMESTER STUDENTS ONLY

Data Change Form:

Date of Request: _____

Name _____ **Address** _____ **Phone** _____ **Date of Birth** _____

(Check One)

Please note: Documentation (original and photocopy) must be presented to change/update name or date of birth. Acceptable documents: birth certificate, passport, green card, marriage license, divorce papers. **While we are off campus, please upload these through our secure link.**

Original information:

Last name First Name MI

EMPL ID#

Address Phone

City State ZIP Date of Birth

Updated Information: (Only fill out information you wish to be changed)

Last name First Name MI

Address Phone

City State ZIP Date of Birth

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Office Use Only

STAFF SIGNATURE

DATE