

Borough of Manhattan Community College / CUNY
Office of Human Resources
Change of Address/Name

Name (print)

Social Security Number

Title

Department

Change of Address: Effective date of change: _____

New Address: _____

New Telephone # _____

Old Address: _____

Change of Name:

Please present the legal documents by way of which the name change was made.

Name prior to Change: _____

Type of documents: _____

Employee Signature

Date

Reminder: Please notify your health insurance carrier, your pension system, and your affiliated union about the changes as well.

Distribution: President
 Vice Presidents
 Personnel file

/lmc/

It is our policy not to release home addresses or telephone numbers to faculty, staff or students