Non-Tax Operating Account

Personal Data Change Request Form

Check applicable:

☐ Change of Address

☐ Change of Name

☐ Change of Marital Status

Please fill in your current information on file

Current Date [ ]

Department Name [ ]

Last four digits SSN [ ]   Date of Birth [ ]   Gender ☐ Female ☐ Male

Last Name [ ]   Suffix [ ]

First Name [ ]   Middle Name [ ]

Address [ ]   City [ ]

State [ ]   Zip Code [ ]   Marital Status ☐ Single ☐ Married ☐ Divorced

Only fill in your information that needs to be changed:

Last Name [ ]   Suffix [ ]

First Name [ ]   Middle Name [ ]

Address [ ]   City [ ]

State [ ]   Zip Code [ ]   Marital Status ☐ Single ☐ Married ☐ Divorced

Print Form, then Sign

_____

I hereby certify that the information above is true and accurate.

Please return form, with all original corresponding documents, for proof of change
Location: The Office of Fiscal & Business Services Center, 1146 Boylan Hall;
Phone: (718) 951-5502, Fax: (718) 951-4440