

THE GRADUATE SCHOOL and UNIVERSITY CENTER
CITY UNIVERSITY OF NEW YORK
OFFICE OF HUMAN RESOURCES

REQUEST FOR CHANGE OF ADDRESS

Name: _____

Title: _____

Department: _____ Extension: _____

New Home Address

Street Number: _____ Apt/FI/Ste: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from home address)

Street Number: _____ Apt/FI/Ste: _____

City: _____ State: _____ Zip: _____

Department Telephone Number: (_____) _____

Home Telephone Number: (_____) _____

Effective Date: _____ / _____ / 20 _____

Do you have a CUNY Commuter Benefits Transit Account? Yes No

Signature: _____

Payroll Office
Personnel File
Mailing Center