



Hostos Community College *Of the City University of New York*

OFFICE OF THE REGISTRAR

SAVOY BLDG. RM. D-207 ★ (718) 518-6771

CHANGE OF ADDRESS/TELEPHONE NUMBER/E-MAIL FORM

PLEASE PRINT NAME AS IT APPEARS ON HOSTOS COMMUNITY COLLEGE'S RECORDS:

CUNY EMPLID#								LAST NAME								FIRST NAME								M.I.			
NATIONAL ID#								PHONE #								E-MAIL								<input type="checkbox"/> Check Here if NEW E-MAIL			

ADDRESS CHANGE

CHANGE FROM										CHANGE TO															
ADDRESS								APT.		ADDRESS								APT.							
CITY						STATE		ZIP CODE		CITY						STATE		ZIP CODE							

TELEPHONE CHANGE

CHANGE FROM									

CHANGE TO									

BY SIGNING THIS FORM I AGREE TO THE REQUESTED CHANGES: _____ DATE: _____

RECEIVED BY REGISTRAR'S OFFICE DESIGNEE _____

DATE _____

ORIGINAL: REGISTRAR'S OFFICE, COPY 2: STUDENT

NP/SL Updated: 10/2013