BARUCH COLLEGE/CUNY
One Bernard Baruch Way/BoxH-0850 New York, NY 10010-5585
OFFICE OF THE REGISTRAR (646) 312-1150
Fax (646) 312-1151 www.baruch.cuny.edu/registrar

Change of Address

Social Security number: _____

Mr. ☐ Ms. ☐ _____
LAST FIRST MI

CHECK DIVISION: ☐ Undergraduate ☐ Graduate

CHECK ONE STATUS: ☐ Matriculated ☐ Non degree ☐ Permit

CURENTLY ENROLLED: ☐ Yes ☐ No If not, Last date of attendance: _____

If Graduated, Date of graduation: _____ Degree: _____

Old Address: _____ Phone: _____

_____ Zip Code: _____

New Address: _____ Phone: _____

_____ Zip Code: _____

Post Office box numbers are **not** acceptable

_____ _____
Students' Signature Date

Processed by: _____ **Date:** _____