



CITY UNIVERSITY OF NEW YORK
OFFICE OF THE REGISTRAR

REQUEST FOR INFORMATION

This Request for Information Form is only for questions related to the Office of the Registrar.

Full Name: _____
Address: _____

CUNYfirst ID: _____

Phone #: _____

QC E-Mail: _____

Student's Signature: _____

Undergraduate

Graduate

INSTRUCTIONS:

1. Type or print your full name, address, and student information *clearly* above.
2. **Provide your signature.** Your request will not be honored if you did not sign this request.
3. Briefly state the nature of your request in the box below.
4. **Be as specific as possible;** if appropriate, include semester/year, course number, section, etc.
5. Return this form to the One Stop Service Center (DH 128). We will respond to your request as soon as possible.

STUDENT'S REQUEST:

.....**DO NO WRITE BELOW THIS LINE – FOR OFFICE OF THE REGISTRAR’S USE ONLY**

Date: _____

Processed by: _____