



QC Hub  
Dining Hall  
Room 128

[qchub@qc.cuny.edu](mailto:qchub@qc.cuny.edu)

## REQUEST FOR INFORMATION

**This Request for Information Form is only for questions related to the QC Hub.**

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 QC Hub (DH 128). We will respond to your request as soon as possible.

### STUDENT'S REQUEST:


.....**DO NO WRITE BELOW THIS LINE – FOR OFFICE USE ONLY** .....


Date: \_\_\_\_\_

Processed by: \_\_\_\_\_