

Gender Change Request Form

IMPORTANT: Please print clearly. No supporting documentation is required. Submit this form to the address above.				
Current Legal Name:				
La	st	First	Middle	
	rst. The preferred name is		st form or use self-service to reflect a purposes only, and may only reflect a	
First		Middle		
Graduation Year (Expected	l):			
CUNYfirst ID:				
Please be aware, however federal financial aid. You a change. In addition, you a data mismatches between	are advised to contact your on are advised to contact the So	n CUNYfirst may ca college's financial ai ocial Security Admin d the information o	use a mismatch if you are a recipient of d office to alert the office of the gender istration, to prevent any problems with n file with the federal Department of	
Male	Female	Transgender	Gender Nonconforming	
Non-Binary	A Gender Not Listed	Not specified (removing gender information)		
any other agencies of this gender and the databases	change. I further understar kept by other agencies may hismatches. Finally, I under	nd that any inconsis result in difficulties i	at CUNY is not responsible for notifying tencies between CUNY's record of my related to the processing and receipt of gencies may require documentation to	

Signature

Queens College, City University of New York | 65-30 Kissena Boulevard, Queens New York 11367-1597

