



Gender Change Request Form

This form must be submitted to the Registrar's Office CO 513 in person or email the completed form to registrar@bcc.cuny.edu.

Part I : COMPLETE THE FOLLOWING INFORMATION

CUNYfirst EMPLID: [grid] Date of Birth: [grid]

Current Legal Name: _____
(Please Print) Last First Middle

Email Address: _____ Telephone: [grid]

No documentation is required to change your gender in CUNYfirst.
Please be aware, however, that changing your gender in CUNYfirst may cause a mismatch if you are a recipient of federal financial aid. You are advised to contact your college's financial aid office to alert the office of the gender change. In addition, you are advised to contact the Social Security Administration, to prevent any problems with data mismatches between that agency's records and the information on file with the federal Department of Education, which administers federal student aid programs.

Part II: CHECK THE BOX THAT APPLIES

- Male
- Female
- Transgender
- Nonconforming
- Non-Binary
- A gender not listed
- Unspecified
(removing gender information)
- X

I understand that this gender change is for internal CUNY purposes and that CUNY is not responsible for notifying any other agencies of this change. I further understand that any inconsistencies between CUNY's record of my gender and the databases kept by other agencies may result in difficulties related to the processing and receipt of benefits caused by data mismatches. Finally, I understand that those agencies may require documentation to change gender in their records.

Student's Signature: _____ Date: _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

Received by: _____ Date: _____
Registrar Representative's Signature

Processed by: _____ Date: _____
Registrar Representative's Signature

