



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

Gender Change Request Form

CURRENT LEGAL NAME *(Please Print):*

CUNYfirst ID Number: _____ Date: ____/____/____

Last Name: _____ First Name: _____ Middle Initial: _____

Graduation Year: _____

Preferred Name (If applicable):

_____ **First** _____ **Middle** _____

Please submit the preferred name request form or use self-service to reflect a preferred name in CUNYfirst. The preferred name is for internal CUNY purposes only, and may only reflect a change in first and/or middle name.

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.

- Male Female Transgender Gender Nonconforming
- Non-Binary A gender not listed Not specified
(Removing gender information)

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.

DATE: _____ **SIGNATURE:** _____

OFFICIAL USE ONLY

Processed by: _____

Date: _____