



Office of the Registrar

Gender Change Request Form

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street, S315
New York, NY 10007-1097
tel. 212 220-1290
fax. 212 220-1254

Instructions:

1. Fill out the form clearly and completely.
2. Ensure to sign and date the request.
3. Submit completed form to the Registrar's Office, S315.

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

Graduation Year (Expected): _____

8-digit CUNYfirst ID: _____

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.

Student Signature: _____ Date: _____