



THE CITY UNIVERSITY OF NEW YORK

GENDER CHANGE REQUEST FORM

EMPLOYEES REQUESTING A GENDER CHANGE MUST SUBMIT THIS FORM TO THE OFFICE OF HUMAN RESOURCES

Employees who wish to change the gender recorded in CUNYfirst should submit this form to the campus Office of Human Resources. No documentation is required to have a gender change recorded.

First Name Middle Name Last Name
Empl. ID

Select one of the following:

- ☐ 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 and benefits providers of this change. I further understand that any inconsistencies between CUNY's record of my gender and the databases kept by other agencies and benefits providers may result in difficulties related to processing and receipt of benefits caused by data mismatches. I also understand that the other agencies and benefits providers may require documentation to change gender in their records.

Signature _____

Date