Information Technology Services
Computer Account Transfer/Termination Form

QUEENS COLLEGE

QC Status (please check one for the account you are applying for) **Not intended for students.**

☐ Faculty

☐ Staff

☐ Transfer (new dept):_____ (effective transfer date): _____/_____/_____

☐ Termination (effective termination date): _____/_____/_____ (if none then accounts will be terminated ASAP)

Personal Information **(PLEASE PRINT LEGIBLY)** **(Full legal name as registered with Queens College)**

First Name_____ Middle_____ Last Name_____

Date of Birth (MM/DD/YYYY): _____ _____ / _____ _____ / _____ _____ _____ _____

8-digit CUNY ID #/EMPID #: _____ _____ _____ _____ _____ _____ _____ _____ (from cuny1st)

If transferring to another department please complete the following:

Old Dept_____ New Dept_____

New office bldg & rm #_____ New campus phone (_____) - _____ - _____

QC Accounts to be terminated (please check one for the account you are applying for)

Please list your account usernames to be terminated

MyMail _____ Active Directory (ADS) _____

Quasar _____ CUNYVM _____

CUNY1st _____ Email aliases _____

Other accounts _____ _____

Comments: _____

_____

_____

User Signature: _____ Date _____/_____/_____

Name of Dept. Head or Chairperson (Please print) _____

Dept. Head or /
Chairperson Signature_____ Date _____/_____/_____