



Information Technology Services Computer Account Transfer/Termination Form

Complete this form and return it (in person) to the ITS Helpdesk located in DH-151. You must present a valid Queens College ID card with this form. Please allow 2 to 3 business days for your request to be processed. Your QC accounts will be deleted from the systems.

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

<input type="checkbox"/> Faculty	<input type="checkbox"/> Transfer (new dept): _____ (effective transfer date): ____/____/____
<input type="checkbox"/> Staff	<input type="checkbox"/> 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** ____/____/____

ITS Use Only

ID card Verified by _____ **Date** ____/____/____