



# Office of the Registrar

Phone: (812) 237-2020

Fax: (812) 237-8039

## Request for Chosen Name/Gender/Personal Pronoun Change

Please upload this completed form at [indstate.edu/secureupload](http://indstate.edu/secureupload). You may also return it to: Office of the Registrar, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or Fax it to: 812-237-8039

Please refer to <https://catalog.indstate.edu/content.php?catoid=55&navoid=2590> for additional information.

### Student Information

University ID # (XXX-XXX-XXX) \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Currently Enrolled:  Yes  No

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### Legal Name

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

### Chosen Name

#### Chosen First Name

Legal Sex:  Male  Female

Gender Designation (Identity):  Male/Man  Female/Woman  Genderqueer  Gender fluid  Non-Binary  Agender  Trans  Two-Spirit  These options don't apply to me  Prefer not to say  Other: \_\_\_\_\_

Pronouns:  He/him/his  She/her/hers  They/them/theirs  Ze/Zir/Zirs or Ze/Hir/Hirs  I use multiple pronouns  Just use my name  Any  These options don't apply to me  Prefer not to say  Other: \_\_\_\_\_

I certify the above is true and correct.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Processed By \_\_\_\_\_

Date \_\_\_\_\_