

Fax: (812) 237-8039

Request for Chosen Name/Gender/Personal Pronoun Change

Please upload this completed form at 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

Student Information		
University ID # (XXX-XXX-XXX)	Date of Birth (MM/DD/YYYY) Cur	rrently Enrolled: Yes No
Street Address	City	State Zip Code Phone Number
Legal Name		
Last Name	First Name	Middle Name
Chosen Name		
	apply to me Prefer not to say Oth	Other: e/Zir/Zirs or Ze/Hir/Hirs
Student Signature		Date
	OFFICE I	JSE ONLY
		Processed By
		Date
		Index As Chann Name/

Revised 10/31/2025

Index As: Chosen Name/

Gender/Personal Pronoun Change