



# 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](https://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)

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 \_\_\_\_\_

Index As: Chosen Name/

Gender/Personal Pronoun Change