



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. You may also return it to: Office of the Registrar, Registrar@indstate.edu 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 _____