

UNIVERSITY OF MINNESOTA

REQUEST TO CHANGE LEGAL NAME AND/OR GENDER (SEX)

To change your legal name and/or gender (sex) on your University record, fill out the relevant sections of this form, attach the required document(s) stated in Part B and/or Part C below, and submit to the Office of the Registrar. To add or update a preferred name, gender identity, or personal pronoun, go to MyU: My Info (z.umn.edu/myinfo).

If you are an international student, contact International Programs at 218-281-8442 or umcintl@umn.edu to discuss name and/or gender changes in regard to immigration documents (I-20/DS-2019).

For general questions about this form, please call 218-281-8548 or email umcreg@umn.edu.

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

Return this form to:
Office of the Registrar
By U.S. Postal Service mail

Office of the Registrar
9 Hill Hall
2900 University Ave.
Crookston, MN 56716

By fax
218-281-8549

| PART A. Required - Student information | | |
|---|--|------------------------|
| Full name (current) | Suffix | Student ID |
| University email (or personal email, if none) | Social Security Number | Birthdate (mm/dd/yyyy) |
| Current mailing address (street, apartment number or P.O. box number, city, state, ZIP code, country) | | |
| College/program (applied to, current, or last attended) | Term and year last attended <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May session <input type="checkbox"/> Summer Year _____ | |

| PART B. Change legal name | | | |
|--|------------|-------------|--------|
| Required document: Attach a photocopy of your social security card if you are a student receiving financial aid. A copy of your passport/visa may be used instead if you are an international student or a student not receiving financial aid. | | | |
| Enter new name below as it appears on the required document. | | | |
| Last name | First name | Middle name | Suffix |
| Note that your legal name change will reflect on the diploma you will receive upon graduation, unless you add a different name in the Degree Name field via MyU: My Info (z.umn.edu/myinfo). | | | |

| PART C. Change legal gender (sex) | |
|--|---|
| Required document: Attach a photocopy of your current driver's license, court order, or passport/visa. For an exception to this documentation, please call 218-281-8548 or email umcreg@umn.edu . | |
| Select legal gender (sex) as it appears on the required document: | <input type="checkbox"/> Female <input type="checkbox"/> Male |

| PART D. Required - Certification | |
|--|------|
| My signature below certifies that I am requesting that my name and/or gender (sex) be changed on University of Minnesota records, and the information I have provided on this form is true and accurate to the best of my knowledge. | |
| Signature (Please sign in blue or black ink.) | Date |

| For office use only | Updated by | Date |
|---------------------|------------|------|
| | | |

To request copies of this form in an alternative format, please call a Disability Resource Center liaison at umcdrc@umn.edu or call 218-281-8587. The University of Minnesota is an equal opportunity employer and educator.

