



Gender Identity Change Request Form

To be completed by student.

Primary name: _____
(first) (middle) (last)

UID #: _____

To more accurately indicate my gender identity, I request that the gender designation on my UMD student records be changed from: *(check the appropriate box)*

Male to Female (M to F)

Female to Male (F to M)

I understand that by completing this form and signing below, my student record and all UMD records tied to my student record will be changed according to this request. I certify that this request more accurately reflects my gender identity, and I have no purpose of misrepresentation.

Signature Date

To be completed by Registrar's Office.

Approved By: _____
(Employee Name & Title, printed)

Signature Date