University of Oregon Student Name/Gender Change Form

Note that the Name/Gender Change Form cannot be used by current or previous University employees. Employees requesting a name change should contact payroll.

Please fill out the form completely and attach necessary documentation:

Students who have a copy of a valid ID (see list below) MUST submit this form to the Registrar to change their name and/or gender marker, as recorded in UO records. Students who DO NOT have a copy of a valid ID (see list below) must submit this form to the LGBT Education and Support Services to change their name and/or gender marker.

Return to:
Office of the Registrar
234 Oregon Hall
5257 University of Oregon
Eugene, OR 97403-5257
Phone: 541-346-2935
Fax: 541-346-6682
Email: registrar@uoregon.edu

Return to:
LGBT Education and Support Services
Office of the Dean of Students
380 Oregon Hall
5216 University of Oregon
Eugene, OR 97403-5216
Phone: 541-346-6105
Email: LGBTESS@uoregon.edu

Requested Changes:
Select all that Apply

☐ Name Change ☐ Gender Marker Change

UO ID Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

E-mail: _____ Phone: ( ) _____

Previous Name(s): _____
(If applicable)

Previous Gender Marker: _____
(If applicable) **(**Male/Female)

Mark each box that applies (mandatory):

☐ **I am an international student.**
- **International students: The name on your University of Oregon records must match your passport. A copy of this document must be attached for processing.**

☐ **I have applied for a University of Oregon degree and wish to use my new name on my diploma.**

☐ **I have attached a valid copy of one of the following:**
If documentation is not available please submit form to LGBT Education and Support Services
- **Driver's License**
- **State ID**
- **Passport**
- **Birth certificate**
- **Marriage License specifically stating the new name after marriage**
- **Divorce Decree authorizing the name change**
- **Judicial Decree specifically authorizing a name change**
- **Naturalization papers stating the change of name**

☐ **I do not have a valid copy of one of the documents in the list above**

By my signature below, I hereby request that the University of Oregon use my new name and/or gender marker for all my records on file. I further state that my change of name or gender is not for fraudulent purposes or the avoidance of creditors.

Please print your *new* name, preferred name, and/or gender clearly and in the manner requested.

_____ First Name
_____ Middle Name
_____ Last/Family Name

_____ New Gender Marker **(if applicable)**
_____ Preferred Name **(if applicable)**
_____ Handwritten Signature of New Name

OFFICE USE ONLY

Comments:

☐ **GUASYST** ☐ **LPAIDEN** ☐ **SPAIDEN** ☐ **SHADEGR** ☐ **SGASTDN**

ID Presented: _____ Received by: _____ Date: _____