



Gender Marker Update Request

REGISTRAR'S OFFICE

University of Cincinnati
PO Box 210060, Cincinnati, OH 45221-0060
Telephone: 513-556-9900
E-mail: registrar.info@uc.edu

The purpose of this form is to provide the means by which a UC student, with the support of a qualified and licensed medical professional, may affect an update of the gender marker associated with that student's UC academic records. Please complete all fields below.

To be processed, this form must be accompanied by a letter issued by a physician or psychologist/therapist who is licensed to practice in the United States. The text of this letter:

- Must be printed on the physician or psychologist/therapist's letterhead stationery;
- Must include the student's full legal name;
- Must affirm that the student is sufficiently ready for, or has completed a gender role and transition, and that it is intended that the role change is to be permanent; and
- Must be dated, and must be signed by the physician or psychologist/therapist.

Note: changing the name associated with the student's records is a process separate from updating the student's gender marker, and as such has a different supporting document requirement. Student records names changes continue to require the submission of legal name change documentation.

Full Legal Name (Please print):

_____ (First) _____ (Last) _____ (Middle)

UCID: M _____ **Date of Birth:** _____

E-mail: _____ **Telephone #:** _____

Please update the gender marker associated with my UCID and student records to the following (check one):

(M) male (F) female

Signature: _____ **Date:** _____

This request form and the supporting physician's affirmation document may be submitted in person to the Office of the Registrar (University Pavilion, 5th floor), or may be mailed to:

University of Cincinnati
Office of the Registrar – Attn: T. Niese
P.O. Box 210060
Cincinnati, Ohio 45221-0060

Faxed copies will not be accepted.

To Be Completed by the Office of the Registrar

Required physician's document attached Request Processed

Processing Staff Member: _____ Date: _____