

UNION COLLEGE

NAME CHANGE REQUEST

Student/Employee ID Number: _____

Legal First Name: _____ Legal Last Name: _____

Email: _____ Cell Phone: _____

I am requesting a:

___ Chosen First Name: _____

___ Preferred First Name: _____

For an explanation of the difference between a "chosen name" and a "preferred name," please refer to the guidelines posted on the "Forms and Guidelines" page.

GENDER IDENTITY CHANGE REQUEST

Gender Identity (choose one*):

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Man (cisgender) | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Androgyne |
| <input type="checkbox"/> Woman (cisgender) | <input type="checkbox"/> Agender/genderless | <input type="checkbox"/> Demigender |
| <input type="checkbox"/> Man (transgender) | <input type="checkbox"/> Genderqueer/Gender | <input type="checkbox"/> Other |
| <input type="checkbox"/> Woman (transgender) | <input type="checkbox"/> Fluid | |
| | <input type="checkbox"/> Questioning/unsure | |

Preferred Pronoun (choose one):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> She/Her/Hers | <input type="checkbox"/> Ze/Hir/Hirs | <input type="checkbox"/> Use my name as pronoun |
| <input type="checkbox"/> He/Him/His | <input type="checkbox"/> They/Them/Their | |

*** Due to current limitations in the current information systems, only one choice can be entered.**

By signing below, I confirm my understanding of the following:

I understand that there may be other systems that identify me by my legal name or legal gender marker that are not listed above. I understand that the College makes every effort to respect the wishes of those who wish to be known by chosen/preferred names and/or gender marker and that in some instances, my information may be made available to others who have a need to know. I understand that I may present documentation to legally change my name or gender marker at any time and will be asked to produce documentation to confirm such a change. I understand that a separate form, *Legal Name Change Form*, should be used when I legally change my name and will bring appropriate documentation.

My signature below indicates my willingness to have my chosen/preferred name and/or gender marker used in most systems that identify me at Union College. I have the right to make a change to this request in writing at any time.

Legal Name Signature/Date: _____

Chosen/Preferred Name Signature/Date: _____

Students: Please email the completed form to the Registrar's Office registrar@union.edu

Employees: Please email the completed form to the Human Resources hr@union.edu