



CHANGE TO LEGAL NAME AND/OR GENDER REQUEST

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 One Stop Student Services. To add or update a preferred name, gender identity, or personal pronoun, go to MyU: My Info (z.umn.edu/myinfo).

If you have applied for undergraduate admission, but have not yet registered for classes, return this form to the UMR Office of Admissions, 111 S. Broadway Suite 300, Rochester, MN 55904.

If you are an international student, contact the Director of Intercultural Learning and Engagement at 507-258-8119 or bshieve@r.umn.edu to discuss name and/or gender changes in regard to immigration documents (I-20/DS-2019).

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

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 612-626-4432 or email asrfiles@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 (Required)	Date

For office use only	Updated by	Date

