

## Request for Gender Designation Change

Return to Registration and Records Library 1101 360.867.6180 | 360.867.6680 Fax

This form is used to request a change to the gender designated on your student record. Please read all the information carefully and sign acknowledgement below. If you have questions, please contact our Forms and Records Analyst, Mykala Davis.

## How to submit this form:

☐ Notice to student

- I am currently attending Evergreen complete this form and email it to Registration and Records at registration@evergreen.edu using your my.evergreen email address in lieu of printing and signing.
- I formerly attended Evergreen complete this form, print and **sign** it. You may return the completed form in the following ways:
  - Scan and email to: registration@evergreen.edu from any email account
  - o Fax to 360.867.6576
  - Mail to: The Evergreen State College

Registration and Records 2700 Evergreen Parkway NW

Olympia, WA 98505

Name:				
L	ast	First		Middle
Chosen Name (if applicab	le):			
	First			
Evergreen ID:		Date of Birth:		
Mailing Address:				
Mailing Address:	treet	City	State	Zip
		Phone:		
correct. I acknowledge that of evaluations written prior to designation with the College	changing my gender on this date. Future evaluc r is limited only to recor	n the individual indicated and the record via this form does not re ations will reflect my new gender ds at Evergreen and does not cou artment of Licensing or the Social	troactively change designation. Cha nstitute any legal	e student records of nging my gender or administrative
Signature:		1	Date:	
		Office use only		
☐ Banner				
□ BDM				