

**BLOOMSBURG UNIVERSITY
AFFIRMED GENDER REQUEST
FORM**

Name: _____
First M.I. Last

Student ID Number: _____ BU Email: _____ Cell Phone: _____

Local Address: _____
Street

_____ *City State Zip*

Current Gender:

Preferred Gender:

By submitting this form, I have read and understand the Affirmed Gender Policy and I am agreeing to have Bloomsburg University officially change my listed gender to the affirmed gender listed above for internal Bloomsburg University identification purposes only. I hereby attest that the request for a change in gender to (female, male, or nonbinary) is to confirm my University recorded gender to my gender identity and is not for any fraudulent purpose.

Student Signature:

Date:

**Requests are to be submitted to the Office of the Dean of Students.
101 Kehr Union Building**

Office Use Only

Approved by:

Denied by:

Action Date: