

## **Declaration of Gender Designation Change**

## **Instructions**

Complete and sign this form. Submit it to the Office of the Registrar with required documentation by:

Person - 141 Uptown East E-mail - Scan and send to registra@uark.edu Fax - (479) 575-4651 Mail - Office of the Registrar 141 Uptown East University of Arkansas Fayetteville, AR 72701

Students submitting this form will also need to include **one** of the following types of documentation:

- (1) Birth certificate or court order legalizing the gender identity;
- (2) Pre- or post-operative documentation from a qualified health care provider;
- (3) Letter of support from a qualified mental health professional; or
- (4) Driver's License or Passport reflecting the new gender identity (must be presented in person).

University ID Number:	Date of Birth:	
Permanent Address:		
Telephone Number:	<b>Request gender changed to:</b> Male	

Signature: Date: