



# REQUEST *to* UPDATE GENDER IDENTITY *and* SEXUAL ORIENTATION DATA

Document# _____	Initials _____
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UC IRVINE • UNIVERSITY REGISTRAR

Complete this form to update your Gender, Gender Identity, Gender at Birth, and Sexual Orientation fields. The form may be submitted by email ([registrar@uci.edu](mailto:registrar@uci.edu)), by mail, or in person at the Registrar's Office. No validation or additional processes are required to make the changes.

- Undergraduate     Graduate     Medical     Law

\_\_\_\_\_ Date

\_\_\_\_\_ Name on UCI records (last,first,middle)

\_\_\_\_\_ Student ID number

Make a selection in any or all sections you would like to update.

### Gender

- female  
 male

### Gender Identity

- female  
 male  
 trans female / trans woman  
 trans male / trans man  
 genderqueer / gender non-conforming  
 different identity

### Gender at Birth

- female  
 male

### Sexual Orientation

- heterosexual / straight  
 gay or lesbian  
 bisexual  
 not listed / other