



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), 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; Legal or Preferred 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