

**COMMONWEALTH UNIVERSITY OF PENNSYLVANIA
AFFIRMED GENDER REQUEST
FORM**

Name: _____
First M.I. Last

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

Local Address: _____
Street

City State Zip

Current Gender: _____ Academic Level: _____

Preferred Gender: _____

By submitting this form, I have read and understand the Affirmed Gender Policy and I am agreeing to have the Commonwealth University officially change my listed gender to the affirmed gender listed above for internal Commonwealth University identification purposes only. I hereby attest that the request for a change in gender to (female, male, or non-binary) 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.

150 Student Services Center

Office Use Only

Approved by: _____

Denied by: _____

Action Date: _____