

Personal Identification Form

Name: _____

E#: _____

(If E# is unknown please provide date of birth)

Signature: _____

Date: _____

Legal Sex Change

Please **change** my legal sex designation on my academic record to (circle one):

Female Male Another Gender Identity

Changes to legal sex **must be accompanied by any one of the following documents:**

Statement from a qualified health care provider

Birth certificate

Court order

Driver's license

State ID

Passport

Gender Change

Please **change** my gender designation on my academic record to (circle one):

Agender Gender Non-Binary Intersex Man Woman

Trans Man Trans Woman Transgender Other

Preferred Pronoun

Please **change** my preferred pronoun designation on my academic record to (circle one):

He/Him/His She/Her/Hers They/Them/Theirs Ey/Em/Eirs

Per/Per/Pers Xe/Xir/Xirs Ze/Hir/Hirs Ze/Zir/Zirs

OFFICE OF THE REGISTRAR

Eastern Illinois University

1220 Old Main, 600 Lincoln Ave, Charleston, IL 61920-3099

records@eiu.edu 217-581-3511 217-581-3412 fax