

**BLOOMSBURG UNIVERSITY  
AFFIRMED GENDER REQUEST  
FORM**

Name: \_\_\_\_\_  
*First M.I. Last*

Student ID Number: \_\_\_\_\_ BU 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 Bloomsburg University officially change my listed gender to the affirmed gender listed above for internal Bloomsburg University identification purposes only. I hereby attest that the request for a change in gender to (female, male, or nonbinary) 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.  
101 Kehr Union Building**

**Office Use Only**

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Approved by: \_\_\_\_\_

Denied by: \_\_\_\_\_

Action Date: \_\_\_\_\_