



Learning with Purpose

Request for Change to Gender Designation

Purpose

This form will be used to convey a request for a change of gender identity designation in your University of Massachusetts Lowell student/employee records.

Preexisting documents will not be changed; if you wish to update them, please contact the relevant office. Also please note that this change will be reflected in UMass Lowell records only and will not change the gender designation with external companies or agencies.

Instructions

Please complete the request form below and submit it to:

Equal Opportunity and Outreach, University of Massachusetts Lowell, Suite 301
600 Suffolk St, Lowell, MA 01854; phone: 978-934-3565; fax: 978-934-3032.

Request Form

Requestor:

Student Employee Other (Specify): _____

Name: _____ Student/Employee ID No. _____

Date of Birth: _____ Email: _____

Please update the gender marker associated with any of the University of Massachusetts information systems to the following (check one):

Male Female Other (Specify): _____

Check UMass Lowell departments that you request to be notified:

Human Resources/Equal Opportunity & Outreach Registrar's Office

Other (Specify): _____

I swear, under the penalty of perjury, that this request is for the purpose of accurately reflecting my gender identity in University records, and is not for any fraudulent or other unlawful purpose.

Signature: _____

Date: _____