**York University**

**Name, Title, and/or Gender Change Form**

Please submit this form to the Registrar’s Office for student and alumni name changes, and to the Payroll & Human Resources Information Management office for employee name changes. You may also choose to submit one form directly to the Centre for Human Rights, instead.

To establish your identity, please provide the following information, as applicable:

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee I.D.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name/Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Middle/Name/Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Title:** Dr. □ Ms. □ Mr. □ Mrs. □ Other □\_\_\_\_\_\_\_\_\_ None □

**Type of Name Change:** Chosen/Preferred □ Legal □

**Name to Appear on Surface Mail Correspondence to Home Address:**

Chosen/Preferred □ Legal □

If this is a **legal name change**, please attach a copy of one of the following documents:

□ Birth certificate □ Passport □ Driver’s License

□ Marriage License □ Divorce Certificate □ Other\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Sex Designation Change:** Chosen/Preferred □ Legal □

For a change in sex designation, please choose the new designation:

□ Female □ Male □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Choose not to say

If this is a **legal sex designation change**, please attach a copy one of the following documents:

□ Birth certificate □ Passport □ Driver’s License

□ Marriage License □ Divorce Certificate □ Other\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* As per the Ontario Human Rights Commission, criteria for changing name or sex designation on identity documents should be respectful, non-intrusive, and need not necessarily be medically based.

Additional name, gender or title change accommodation needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection Act and The York University Act, 1965 for administrative and statistical purposes. The information will be used for record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Centre for Human Rights.