**York University**

**Student Name Change Form**

Please submit this form to the Registrar’s Office for student and alumni name changes, or you may submit it through the Centre for Human Rights.

To confirm your personal identifiers, please provide the following information, as applicable:

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Name Change Request Reason:**

Chosen/Preferred □ Legal □

**Current: New:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Title if applicable:** Dr. □ Prof. □ Other □\_\_\_\_\_\_\_\_\_

**Note:** no gender specific titles will be reflected in public records.

**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\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender Change Request Reason:**

Chosen/Preferred □ Legal □

For a change of gender designation, please mark the new designation:

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

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

□ Birth certificate □ Passport □ Driver’s License

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

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

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

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

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.