



University
of Regina

CONFIDENTIAL – Update Name and/or Gender

I, _____ (FULL LEGAL NAME)

Student ID # _____

authorize the University of Regina to change my student record to reflect my first name and/or gender as indicated below.

First Name: _____

Gender: _____ (ENTER N/A IF NOT APPLICABLE)

I understand that the change in name will be used in place of my legal first name for all University processes including, but not limited to, student photo identification, correspondence, transcripts, and parchments. I also understand that if I want my student record changed back to my full legal name and/or gender, that I am able to do so by following the *Legal Name and Name Change Policy* (EMP-100-005).

Signature

Date