

Declaration of Gender Designation Change

Return to the Office of the Registrar, SSW 1641

STUDENT INFORMATION

Date: _____

Student's Legal Name: _____
Last First Middle Maiden

RedID: _____ Date of Birth: _____

Mailing Address: _____
Street City State ZipLocal Address: _____
Street City State Zip

Email: _____ Phone: _____

*I certify that the information on this form and the supporting documents are true and correct.*_____
Student's Signature_____
Date**CERTIFICATION****Option 1. Court Decree**

Submit a copy of the court-approved decree changing gender along with this form to the Office of the Registrar.

Option 2. Physician/Psychologist Approval

The box below must be completed by a physician or psychologist/ licensed therapist, who is licensed to practice in the United States, to determine that the gender change is being conducted in accordance with the World Professional Association for Transgender Health (WPATH) Standards of Care.

Student's Initials *I hereby authorize my physician/psychologist /licensed therapist to release the information below to San Diego State University for the purpose of updating my student record under my identified gender.*

Practitioner's Full Name: _____

 Physician Psychologist/Licensed Therapist

Medical License or Certificate Number: _____

Examination Date: _____ Medical Case Number: _____

My professional opinion is that the applicant's:

Birth sex was:

 Female Male

Current identification is:

 Female Male*It has been determined this individual is sufficiently ready for, or has completed a gender transition, and it is intended that this change be permanent. This transition may or may not lead to surgical intervention. I certify under penalty of perjury that the information on this form is true and correct.*_____
Practitioner's Signature_____
Date