

Student Health and Counseling Services (SHACS) Preferred Name Form

Given Name

Last _____ First _____ Middle _____

Preferred Name

Last _____ First _____ Middle _____

Preferred Gender Pronoun _____

Student Health Services Only

Please Circle*

Gender Identity: Female, Male, Transfemale/MTF, Transmale/FTM, Transgender, Gender-Nonconforming, Different Identity

Sex Assigned at Birth: Male, Female, Other

Current Sex Assignment: Male, Female, Unknown

*These answers may seem limiting, but they correspond to the current options in the online medical records system at Student Health Services

For SHACS Office Use Only

Date Received _____ Date Changed in System _____ Initial _____