Identity Change Request Form

Complete the information below to request a change of name and/or gender on your official records at the Harvard School of Dental Medicine. Along with this form, you must submit:

- Documentation that shows the current/old name
- Documentation that shows the updated/new name

Supporting documentation includes: i.e. official court order, passport, driver’s license, marriage certificate, certificate of naturalization, or divorce certificate. If this information is not presented in person, copies post-mailed to our office must be notarized. We will not accept documents via email.

☐ NAME CHANGE

Current/Old Name on Record

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Updated/New Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

☐ GENDER CHANGE

Correct/Updated Gender  Male ☐  Female ☐  Non-binary ☐  Unknown ☐

Our records require one of these gender choices in order to comply with federal reporting requirements. However, students may define their gender identity in their own words on my.harvard.

Signature_________________________________ Date_____________________

OFFICE USE ONLY

ID Presented:  ☐ driver’s license/state ID  ☐ passport  ☐ other ______________________________

Confirmed by: _____ Date: ___________  Changed by: _____ Date: ___________