



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 mailed to our office must be notarized. We will not accept documents via email.

<input type="checkbox"/> NAME CHANGE		
Current/Old Name on Record		
Last	First	Middle
Updated/New Name		
Last	First	Middle

<input type="checkbox"/> GENDER CHANGE			
Correct/Updated Gender	Male _____	Female _____	In Transition _____
			Non-binary _____
<p>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.</p>			

Signature _____ Date _____

OFFICE USE ONLY			
ID Presented: <input type="checkbox"/> driver’s license/state ID <input type="checkbox"/> passport <input type="checkbox"/> other _____			
Confirmed by: _____	Date: _____	Changed by: _____	Date: _____
Notification Date: _____ [Registrar's Office, Student Advisor, Student Affairs, & Societies Coordinator (if DMD student)]			