



**Office of the Registrar**  
 Summerville Campus  
 Rains Hall  
 (706) 446-1430  
 registrar@augusta.edu

# STUDENT GENDER CHANGE REQUEST

**Gender Change Request**

This form is used to change a student's gender on the student's academic record. A valid Georgia driver's license reflecting the new gender may be submitted to update the student record. If a Georgia driver's license is not available, a government-issued photo identification reflecting the new gender may be submitted if accompanied by a copy of the court order or physician's letter certifying the gender change.

**Note:** A separate Name Change form must be provided to change the student's name as listed on their academic record.

**PART 1: CURRENT STUDENT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

**PART 2: PREFERRED GENDER CHANGE**

Gender to appear on academic record: \_\_\_\_\_

**PART 3: REQUIRED SIGNATURES**

I certify that I am the above named person and the information I have provided is accurate.

\_\_\_\_\_  
 Student Printed Name

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date