

# PERSONAL UPDATE FORM

Use the spaces below to make any necessary corrections or additions to your personal data.

NAME \_\_\_\_\_  
Last First MI Student ID Number

SEMESTER  Fall  Summer  Spring YEAR \_\_\_\_\_

**Name, Date of Birth and Legal Sex changes require appropriate documentation and student signature.**

- REASON FOR CHANGE
- Legal change
  - Typographical error
  - Marriage
  - Other (specify)

DOCUMENTATION PRESENTED \_\_\_\_\_

LOCAL ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

DATE OF BIRTH

Month		Day		Year	

LEGAL SEX  Male  Female

PERMANENT MAILING ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

- |   |                                     |
|---|-------------------------------------|
| <b>GENDER DESIGNATION</b>                       | <b>PERSONAL PRONOUN</b>             |
| <input type="checkbox"/> Cisgender Man          | <input type="checkbox"/> He/Him     |
| <input type="checkbox"/> Cisgender Woman        | <input type="checkbox"/> She/Her    |
| <input type="checkbox"/> Exploring              | <input type="checkbox"/> They/Them  |
| <input type="checkbox"/> Genderqueer            | <input type="checkbox"/> He/They    |
| <input type="checkbox"/> Gender non-conforming  | <input type="checkbox"/> She/They   |
| <input type="checkbox"/> Non-binary             | <input type="checkbox"/> Xe/Xem     |
| <input type="checkbox"/> Transgender Man        | <input type="checkbox"/> Ze/Zir     |
| <input type="checkbox"/> Transgender Woman      | <input type="checkbox"/> Name Only  |
| <input type="checkbox"/> Not listed             | <input type="checkbox"/> Not Listed |
| <input type="checkbox"/> Prefer not to disclose |                                     |

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

CITIZEN COUNTRY

US-U.S. citizen. Other than U.S., record country

OTHER \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

