



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 916-3110
Fax: (501) 916-3168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Declaration of Gender Designation Change Form

This form, with required documentation, can be submitted by the following methods:

- In Person: Charles Donaldson Student Services Center, Room 218
Email: Scan and send to: records@ualr.edu
Fax: (501) 569-8168
Mail to: UA-Little Rock
Office of Records and Registration
2801 S. University Avenue, SSC 218
Little Rock, AR 72204

Students submitting this form will need to include one of the following types of documentation:

- Driver's License or Passport reflecting new gender identity
Letter of support from a qualified health professional
Birth certificate or court order legalizing change of gender identity

Full Legal Name: _____

Former Name(s)*: _____

*(Maiden names, previously used names, other names enrolled under at UA-Little Rock)

T-Number/SSN: _____ Date of Birth: _____

Permanent Address: _____

Phone Number: _____

Email: _____

Request gender changed to: Male
Female

Signature: _____ Date: _____

(Please Print and Sign this form, Digital Signatures cannot be accepted due to privacy protections)

For Office Use Only:
Received on: _____
By: _____
Date Processed: _____

To change your name on your student record, please complete the Name Change Form located here.