



Request to Change Gender in Banner

If you would like your student record changed to reflect a different gender, please complete this form (along with required signature) and submit it with a state- or federally-issued photo ID to the Registrar’s Office at the address, fax number, or email address below. No other documentation is required.

Please be aware that if you make this request to change your gender in the student information system (Banner), you may need to take some additional actions if you are also applying for federal student aid and/or are covered by health insurance, as documentation requirements at each of the agencies/organizations below are independent of UNE’s policy and documentation requirement.

- You will need to contact the Social Security Administration to prevent any problems with data mismatches between that agency’s record and the information on file with the federal Department of Education, which administers federal student aid programs.
- The federal Department of Education also compares data with the Selective Service Administration. If you are applying for federal financial aid, you will also need to update your status with that agency.
- You will need to contact your health insurer to make sure they have the appropriate gender on file for you, as covered health services can, in some cases, be determined by gender.

Documentation requirements at each of the above agencies/organizations may differ.

If you have questions on how this change may affect your financial aid application, please contact Student Financial Services at sfs@une.edu.

Date: _____

PRN: _____

I, _____, am requesting that my gender be changed in Banner.
(PRINT FULL LEGAL NAME)

Select One:

from female to male OR from male to female

I understand that it is my responsibility to notify all other appropriate agencies/organizations, and that their documentation requirements may differ *from UNE’s*. I also understand that any inconsistencies between the University’s record of my gender and the databases of these other agencies/organizations may result in difficulties for me related to the processing and receipt of benefits.

Signature: (REQUIRED) _____