400 UMSU University Centre Winnipeg MB R3T 2N2 Canada Registrar.Office@umanitoba.ca

Tel: 204-474-9420

Please note processing times may vary and it may take up to **two buisiness weeks** to complete. If you want to update your <u>preferred name</u>, please do so on your <u>Aurora Account</u>. If you are a staff member please contact <u>Human Resources</u> to update your records.

Active Offer: This PDF document is available in alternate formats upon request. If you require an alternative format, please contact: Registrar.Office@umanitoba.ca.

STUDENT INFORMATION			
Student Number:	Date of Birth:	Phone Number:	
First Name(s)	Middle Nam		
	e print clearly using upper and lower cas	records (this must match your name as it appears of seletters. If applicable, clearly indicate all diacritical	
GENDER DESIGNATION			
If you have changed your desig	nated gender, please indicate your	gender below:	
☐ Female ☐	Male Non-binary	(Trans, Transgender, Two-spirited and/or Interse	ex)
STUDENT DECLARATION AND SI	GNATURE:		
I understand that if my personal ide am the individual who belongs to the		vish to place on my UM records, it is my responsibilit	ty to prove that I
I understand that my request will n	ot be processed in the event that there	is illegible, incomplete, or missing documentation.	
Signature:		Date:	