



Office of the University Registrar
107 Canfield Administration Bldg.
Lincoln, NE 68588-0416
(402)472-3635

Certification of Sex Reassignment

NUID Number: _____

Last Name: _____ First Name: _____

Signature: _____ Date: _____

A Physician's certification is only required if you do not have a Nebraska Driver's license, birth certificate or passport with your identified sex.

- I hereby authorize my physician to release the information below to the University of Nebraska-Lincoln for the purpose of updating my student record with my identified sex.

To be completed by a Physician:

I certify that the above named applicant has undergone the necessary gender reassignment procedures required for social gender recognition and is requesting that his/her academic records indicate ____ male ____ female as the gender.

Physician's Printed Name: _____

Physician's Address: _____

Physician's Phone: _____

Physician's Signature: _____ Date: _____