



**Oregon State University**  
**Student Health Services**

**Gender Identification/  
Name-In-Use Form**

Plageman Building Rm 110, 108 SW Memorial Pl, Corvallis, OR 97331-8567  
Tel 541-737-7568 | Fax 541-737-7914 | osustudent.insurance@oregonstate.edu  
<http://studenthealth.oregonstate.edu/>

OSU ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal name:  
\_\_\_\_\_

Name-in-use:  
\_\_\_\_\_

Sex assigned at birth\*:

Male     Female

Gender:  
\_\_\_\_\_

\*Information regarding legal name and sex assigned at birth is required by PacificSource Health plans and Oregon State University Student Health Services to correctly allow for the processing of medical claims for gender specific services (ie. Pap smear, prostate exam, etc.). While PacificSource Health Plans and Oregon State University recognize that gender identification is a much broader spectrum, the system requires either male or female and cannot allow blank entry due to various state and federal reporting purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date