

Gender Identification/Name-in-Use Form

OSU ID Number: _____

Date of Birth: ____/____/____

LEGAL NAME

First Name: _____

Last Name: _____

NAME-IN-USE

First Name: _____

Last Name: _____

Sex assigned at birth*:

 Male Female**Gender:** _____

Please select your pronouns:

- She/Her/Hers
- He/Him/His
- They/Them/Their
- Other: _____

*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