
**CHANGE OF NAME AND GENDER DECLARATION (STUDENT)**

I, , ID Card No  the undersigned, a registered MCAST Student, declare that:

* I would like the College to consider a change in its official records about the gender assigned to me at birth, and which appears on my official documentation.
* The assigned gender does not correspond to the lived gender and wish to make a clear and informed declaration to change the gender.
* I would like to change the gender from **F /M / X** to **F /M / X** *(Choose as appropriate)*.
* I would like to change the first name from  (the Legal Name) to  (the Known Name).

I further declare that:

* I understand that this request will lead to changes in my MCAST Student Card, attendance sheets, class lists, and my MCAST email address. For all legal documents, such as MCAST Certificate and the MCAST Work-based Learning Agreement will remain in the legal name.
* Should I reverse the legal process and decide to refrain from proceeding with the change of gender and name, I will notify the MCAST Registrar within 5 working days.
* I am making the above declarations voluntarily and freely and my decision is based on a clear, unequivocal and informed decision.

Signed: Student

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| Name and Surname: Click or tap here to enter text. | ID Number: Click or tap here to enter text. |
| Signature:  | Date: Click or tap here to enter text. |

If student is under the age of 18, parental /guardian, consent is required:

Signed: Parent/Guardian

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| --- | --- |
| Name and Surname: Click or tap here to enter text. | ID Number: Click or tap here to enter text. |
| Signature | Date: Click or tap here to enter text. |