

LIVED NAME AND/OR GENDER IDENTITY
INFORMATION FORM
FOR RETIREES/SURVIVORS AND FORMER EMPLOYEES
University of California
UBEN 175 (R2/25) University of California Human Resources

Send completed form to:
UC RASC
Records Management
P.O. Box 24570
Oakland, CA 94623-1570

DEML

THIS FORM IS FOR RETIREES/SURVIVORS AND FORMER EMPLOYEES ONLY. Use this form to provide your Lived name and/or gender identity. Please print clearly and fill in this form completely. Typed signatures will not be accepted.

If you are an active employee (i.e., full-time, part-time or volunteer), please contact UCPATH to make any update to your demographic information (including name, gender identity, and/or address).

Section 1 - PERSONAL INFORMATION This section must be completed for form to be processed.

LEGAL LAST NAME	LEGAL FIRST NAME
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
MAILING ADDRESS (Number, Street, City, State, ZIP)	PHONE

Section 2 - NAME Complete to provide your Lived name.

LAST NAME	FIRST NAME	MIDDLE NAME (optional)
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- Legal Name is the name on your official government-issued documents.
 - Name is the self-chosen or personal and/or Lived name that is used instead of a legal name.
- Certain correspondence must be addressed to your legal name, consistent with UC Policy.

Section 3 - GENDER IDENTITY Complete to provide your gender identity.

GENDER IDENTITY - SELECT ONE	
<input type="checkbox"/> Agender	<input type="checkbox"/> Trans Woman
<input type="checkbox"/> Cis-Man	<input type="checkbox"/> Transgender
<input type="checkbox"/> Cis-Woman	<input type="checkbox"/> Transgender Man/Trans Man
<input type="checkbox"/> Demi Gender	<input type="checkbox"/> Transgender Woman/Trans Woman
<input type="checkbox"/> Different Identity	<input type="checkbox"/> Two Spirit
<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Woman
<input type="checkbox"/> Man	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Nonbinary	<input type="checkbox"/> Not in list
<input type="checkbox"/> Trans Man	<input type="checkbox"/> Prefer not to say

Section 4 - PRONOUNS Complete to provide your pronouns.

PRONOUNS - SELECT ONE	
<input type="checkbox"/> All pronouns	<input type="checkbox"/> She/They
<input type="checkbox"/> Ask Me	<input type="checkbox"/> They/He
<input type="checkbox"/> He/Him/His	<input type="checkbox"/> They/Them/Theirs
<input type="checkbox"/> He/She	<input type="checkbox"/> They/She
<input type="checkbox"/> He/They	<input type="checkbox"/> Ze/Zir/Zirs
<input type="checkbox"/> My name only	<input type="checkbox"/> Ze/Hir/Hirs
<input type="checkbox"/> She/He	<input type="checkbox"/> My pronouns are not listed
<input type="checkbox"/> She/Her/Hers	<input type="checkbox"/> Decline to State

Section 5 - REQUIRED SIGNATURE

SIGNATURE (must be an original)	DATE (MM/DD/YYYY)
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PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.