**Present this form: In Person:** Registrar’s Office, C Building, Room 120

**Mail:** Northwest State Community College

Registrar’s Office

22600 State Route 34

Archbold, OH 43502

**Fax:** (419) 267-5604

***Please allow 5-7 Business Days from Receipt for Processing***

**Required Information *(Please Print Clearly)***

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID N00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Gender Change***

Selective Service rules regarding transgender students born **male** between the ages of 18-26 must provide the selective service number.

My Selective Service registration number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Select one of the following:

🞎 Female 🞎 Male 🞎 Other/Not listed

Preferred First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please be aware that you do not need to change any official record as a condition of being address by name or gender of your choice.

**For Office Use Only**

**Date Received:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ **Date Processed:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ **Processed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female to Male enter “9990000000” in SOASUPL for Selective Service Number.

***Revised march 2019 U:\Registrar\Manual\Form***