



SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION COMMITTEE REQUEST

State of Oregon
OREGON YOUTH AUTHORITY

Your Legal Name _____ Date of Birth _____

Facility or community placement you are living in: _____

When a person's sex and gender do not match, they might think of themselves as transgender. Sex is determined at birth based on anatomy. Gender is how a person feels.

Which one response best describes you?

- I am not transgender
- I am transgender and identify as a boy or man.
- I am transgender and identify as a girl or woman.
- I am transgender and identify in some other way.

What pronouns do you use? Male pronouns (he/him/his) Female pronouns (she/her/hers)

Other _____

OYA has a group of people who review and respond to youth requests for transgender or gender nonconforming accommodations or needs. The group is called the OYA Sexual Orientation, Gender Identity and Expression Committee.

Please describe your request.

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1. Please include a completed "Authorization for Release of Information" ([OYA Form YA 0055](#)) that specifies you are authorizing the OYA Sexual Orientation, Gender Identity and Expression Committee to review and talk about your youth records. The form specifies which records you will allow the Committee to review and talk about.
 2. Send or give this form and the Authorization for Release of Information to your superintendent, camp director, JPPO, or OYA Sexual Orientation, Gender Identity and Expression Committee
Office of Inclusion & Intercultural Relations
530 Center Suite NE, Suite 500
Salem, OR 97301

A representative from the OYA Sexual Orientation, Gender Identity and Expression Committee will reply to your request as soon as possible.