

OYDC
TRANSGENDER/INTERSEX/TWO-SPIRIT
SEARCH PREFERENCE FORM

Identification

Name: _____ DOB: _____

Campus Status (Please check one)

Employee: _____ Contractor: _____ Visitor: _____ Volunteer: _____

Other (specify): _____

Gender Identification

Male: _____ Female: _____

Transgender: _____ Intersex: _____ Two-Spirit: _____

Other (specify as needed): _____

Search Preference

I prefer to be searched by a staff member that is:

Male: _____ Female: _____ No Preference: _____

Individual's Signature Date

Facility Administrator/Administrative Duty Officer Date

*Note: Strip and/or Cavity Searches are not to be conducted by OYDC staff on Employees, Visitors, Volunteers, and/or Contractors. Such searches may only be conducted by approved law enforcement agencies and/or Off Campus medical personnel.