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.