Berkeley PUBLIC SCHOOLS
Berkeley Unified School District

10.10. Request for Change of Name and/or Gender Marker

School Year – Effective Date: _____

School: _____ ***Grade:*** _____

For school purposes, this request should be completed when a parent/legal guardian wishes the child to be known by a name different from the name on the birth verification, but for whom there has been no legal change of name. Please submit form to Student Services, 2020 Bonar Street Berkeley, California 94702 Room #112. You will be contacted for a meeting with Student Services to discuss the name and/or gender change form and to confirm the process.

I, _____, as a parent/legal guardian of

_____, do hereby request that my child,

Who was formerly known as _____
First Middle Last

From this day forward be known as_____
First Middle Last

Preferred gender marker (male, female, non-binary): _____ DOB: _____

Preferred pronouns (i.e. she/her, he/him, they/them): _____

Preferred name for school e-mail: _____

_____ _____
Signature of Parent/Legal Guardian of Student **Date**

Parent: _____ _____
Phone Number **Email address, if any**

Confidential student information shall not be shared with any other persons unless authorized by the parent/guardian or student age 18 or over. ***The school principal/vice principal will be informed of the legal name/gender. The principal/vice principal may consult with a parent/guardian/student to schedule a Gender Support Plan, and determine other school personnel who will be informed to support the student.*** *P*arent/legal guardian, *please notify Berkeley Unified Student Services if name is legally changed, for transcripts. The birth certificate/hospital record shall be maintained in the student cumulative folder, as required by state regulation.*

School Site Administrator: _____ Date: _____

Student Services Manager: _____ Date: _____

Copy to cumulative file? ___Yes or ___No Parent/Guardian initials: _____

Student Services will:

- Submit copy to Admissions Department Date: _____
- Submit copy to Technology Date: _____
- Submit copy to School Site/Administrator Date: _____
- Communication/Support/Plan by school administrator Date: _____