

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 your School Site Administrator or Student Services at 2020 Bonar Street Berkeley, California 94702 Room #112, phone #510-883-5224. You will be contacted for a meeting with a school site administrator/Student Services to discuss the name and/or gender change form and to confirm the process.

I, _____, as a parent/legal guardian of

(Please list child’s legal name as shown on current birth certificate)

_____, 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: _____

Does your child have a current IEP? ___ Yes ___ No

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/school administrator will be informed of the legal name/gender. The principal/vice principal/school administrator may consult with a parent/guardian/student to schedule a Gender Communication/Support Plan, and determine other school personnel who will be informed to support the student. Parent/legal guardian, please notify Student Services if name/gender is legally changed and submit supporting documentation for transcripts/SEIS changes. 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: _____
- Submit copy to Special Ed Department Date: _____
- Communication/Support/Plan by school administrator Date: _____