

10.10. Request for Gender Marker/Name Change
School Year – Effective Date: _____

School: _____ **Grade:** _____ **Student ID#** _____

This form is to prevent discrimination of transgender and non-binary students, who are requesting gender marker and name change. For school purposes this request should be completed when a parent/legal guardian wishes the child to be known by a gender and name different from the gender and name on the birth verification but for whom there has been no legal change of gender or 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 may contact you to confirm the process. **This form does not legally change a student’s gender or name.**

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

(This name will also be used for school email)

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

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

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/administrator may consult with a parent/guardian/student to schedule a Gender Support Plan. Parent/legal guardian, please notify Student Services if gender/name is legally changed and submit supporting documentation for transcripts/SEIS changes.** The birth certificate/hospital record shall be maintained in the student cumulative folder. This form shall be maintained in the student’s cumulative file, unless otherwise requested by parent/legal guardian.*

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: _____