

**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

\_\_\_\_\_  
**Print Name of Parent/Legal Guardian of Student**

\_\_\_\_\_  
**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: \_\_\_\_\_