

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, who will contact you and then send it to Student Services at 2020 Bonar Street Berkeley, California 94702 Room #112, phone #510-883-5224. 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

(The name change 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 Date

Please Print Parent/Legal Guardian's Name

Parent/Guardian: _____
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 (CUM) folder. This form shall be maintained in the student's CUM file, unless otherwise requested by parent/legal guardian.

School Site Administrator: _____ Date: _____

Copy to CUM file (Parent/Guardian Check One)? Yes or No **Parent/Guardian initials:** _____

Student Services Director: _____ Date: _____

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: _____
- File Communication/Support/Plan from school administrator Date: _____