Madison Metropolitan School District

Name / Gender / Email Change Request Form

Date: _____ School: _____ Grade: ____ Student ID #: _____

Current Student Name as reflected in IC: – PLEASE PRINT

_____

I am requesting the following change(s):

▢ Name in IC ▢ MMSD Email address ▢ Gender in IC ▢ Pronouns in IC ▢ Photo ID, etc.

1. Name & Email Address Changes:

If requesting name change, **change name to**:

_____

First *Middle* *Last*

- **Current** email address with MMSD: _____@madison.k12.wi.us
- Would you like your MMSD email address changed to reflect your affirmed name? Yes No

2. Gender Identity & Pronouns Changes:

Please note: MMSD recognizes and affirms the gender identities of all of our students. Due to current state/federal reporting requirements and limitations of Infinite Campus, we can only change students' gender on IC to male or female at this time. For our non-binary students, we can add a flag in IC for pronouns and list them in the nickname field so they appear on class rosters. MMSD staff will follow district guidance and honor our students' gender identities and affirmed pronouns at all times.

- **Current** gender designation on IC: ▢ Female ▢ Male ▢ Non-binary
- If requesting gender change, **change to:** ▢ Female ▢ Male ▢ Non-binary
- Please let us know your pronouns:
  ▢ She/Her ▢ He/Him ▢ They/Them ▢ Ze/Hir ▢ Other: _____

3. Photo Changes: Infinite Campus, Student ID, and Yearbook:

The following changes can be made at your child's school. Please contact them for assistance.

- Do you need a new IC Picture? Yes No
- Do you need a new School ID? Yes No
- Do you need a new yearbook picture? Yes No

I assure, as the person requesting this/these change(s), that the student listed above consistently identifies as the name/gender here requested. Please understand that this is a school-based change and not a legal name/gender change.

Required Signature(s):

_____

Parent/Guardian Signature(s) *email address*

_____

Print Parent/Guardian Name(s) Printed *phone number*

Student Signature:

_____

Requested at all times/ Required if 18 years+

LGBTQIA+ Lead Signature:

_____

LGBTQIA+ Lead at Central Office

- Please send this form to the LGBTQIA+ Lead to be processed with the MMSD Registrar.
- Form can be scanned and emailed to kfrickert@madison.k12.wi.us or mailed to 545 W. Dayton Street, Madison Wisconsin 53703 (Attn: Katie Rickert). Changes usually take 3-5 business days to be made.
- Please visit our website to support transgender, non-binary, and gender-expansive youth at mmsd.org/trans-guidance