

Cologne Academy

POLICY 560

ATTACHMENT A: NAME/GENDER CHANGE REQUEST FORM

Person Completing Form (check one): Student Parent/Guardian

Student ID Number: _____

Legal Name: _____
 First Middle Last

Date of Birth: _____ Sex (check one): Female Male

Preferred First Name: _____

Preferred Gender (check one): Female Male Nonbinary

Preferred Pronouns (check one): Female (she/her/hers)
 Male (he/him/his)
 Neutral (they/them theirs)

By signing and submitting this form, I acknowledge the following:

- I am requesting that Cologne Academy change the name and/or gender of the student listed above.
- I am requesting these changes because the student consistently identifies as the preferred name and/or gender above.
- I understand that this form does not constitute a legal name and/or gender change and only allows for the change of the student's name and/or gender in the Cologne Academy information systems and unofficial records.
- I understand that the student's legal name and sex will be retained in the student's official educational records and used for matters that legally require it, including reporting to the state or federal government.
- I understand that the State of Minnesota requires a sex/gender designation of "male" or "female" for reporting purposes.

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I also request to have my Cologne Academy e-mail address changed (check one): Yes No