

# St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070  
763-753-7040 • www.isd15.org

## MARSS Student Record Update Form

Date of Request \_\_\_\_\_

**STUDENT'S LEGAL NAME** \_\_\_\_\_ Student ID # \_\_\_\_\_  
*Last First Middle*

Male  Female Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_ Apt, Lot # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_

**PLEASE ADD TO OR CHANGE THE FOLLOWING IN THE STUDENT RECORD:**

UPDATE STUDENT'S NAME \_\_\_\_\_  
*Last First Middle*

GENDER (required by the State of Minnesota)  Male  Female

PRONOUNS FLAG  She/Her/Hers  He/Him/His  They/Them/Theirs  Write-in \_\_\_\_\_

- These change(s) are being requested because the student consistently identifies as the name and/or gender requested above.
- I understand that this form does not constitute a legal name and/or gender change and that this form only changes the name and/or gender of the student as reflected in the student records system.
- I understand that this form does not change the name used for "legal documents" including state testing processes or transcripts.
- I understand that the student's original name and/or gender will be retained in the history of the student records system.
- I understand that the State of Minnesota presently requires a gender of either "Female" or "Male" for state reporting purposes.
- I understand that changing my name and/or gender may complicate future record requests.
- I authorize release of the student's original and updated name/gender to authorized parties as part of student records requests.
- I understand the use of this form to indicate specific pronouns results in a "flag" in the student records system. This flag will be visible to staff directly working with the student to review, listing pronouns.
- I understand that request to change the student's last name requires a court order or an updated birth certificate.

*By signing and submitting this form, I request St. Francis Area Schools change the name and/or gender of the student listed above.*

Print Parent/Guardian Name(s) \_\_\_\_\_ (required for student under age 18)

Parent/Guardian Signature \_\_\_\_\_ (required for student under age 18)

Print Student Name \_\_\_\_\_ (always ask, required for student over age 18)

Student Signature \_\_\_\_\_ (always ask, required for student over age 18)

**OFFICE USE ONLY – Send completed form to Kara Merrifield at District Office**

Protected Identity  Pronoun Flag  Copy Student File

Print Name of Person Completing Form \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_  
*(Indicates approval to make requested additions or changes)*