



First Name/Gender Change Request Form

In the absence of documents demonstrating that the student has applied for a name/gender change through the courts, the parent(s)/legal guardian(s) of:

Student’s Legal Name/Gender

_____ Last Name _____ First Name _____ Middle Name _____ Suffix _____ Gender

requests that their student’s name/gender be changed in the District’s student information system to:

Student’s Name/Gender *(Student’s last name may not be changed without a Court Order.)*

_____ Last Name _____ First Name _____ Middle Name _____ Suffix _____ Gender
(Last name may not be changed without court order)

The parent(s)/legal guardian(s) acknowledge(s) that this change may create errors in processing, locating, and retrieving records requested by them and other individuals, such as educational institutions, employment verification services, and government entities.

Adams 12 Five Star Schools will make every effort to minimize these errors. However, the possibility of record errors increases when a student’s first name/gender used in the District’s student information system does not match their legal name/gender.

_____ Parent/Legal Guardian Signature _____ Parent/Legal Guardian Printed Name _____ Date

_____ Parent/Legal Guardian Signature _____ Parent/Legal Guardian Printed Name _____ Date

_____ Student Signature, if 18 or Emancipated _____ Student Printed Name _____ Date

FOR OFFICE USE ONLY

Please confirm receipt of this document and place in the student’s cumulative file and/or sent to Legal Services.

_____ Registrar or Designee Signature _____ Date