



BRIER TERRACE MIDDLE SCHOOL
SKYWARD NAME CHANGE

I, the undersigned, do hereby grant permission or deny permission to Brier Terrace Middle School to change the name of current student, _____, as marked by my selection(s) below in Skyward.

Such use includes the display, distribution, publication, transmission, or otherwise use of the name of my child (or myself) for use in materials that include, but may not be limited to, printed materials such as class rosters, transcripts, graduation programs, diploma, awards, etc. Students can sign their own form for name changes but gender changes must be approved by the custodial or legal parent/guardian.

- ★ I understand the student's name will be seen by Brier Terrace Middle School staff, parents/guardians and anyone with Skyward access to the student's account.
- ★ I wish to change the student's preferred gender to: Male Female X
- ★ Please indicate preferred pronouns: She/Her He/Him They/Them
- ★ I understand that both the preferred name and the legal name will be listed on the student's transcript and will be seen by anyone viewing the transcript. Legal name change documentation is required per school district policy (see below).**
- ★ I understand this form is **not** to be used just for a nickname.

Current full name as listed in Skyward: _____

Requested name change: _____

Legal name as listed on birth certificate: _____

Parent/Guardian signature: _____ Date: _____

Student Signature: _____ Date: _____



**This request must be accompanied by a legal name change document through the court of Washington state. (This applies ONLY if the LEGAL name is changing, not just a preferred name change).

Please make a copy of this form for your own records and mail of fax the original to:

Luis Roman Alvarez / Registrar

ROMANALVAREZL926@edmonds.wednet.edu

Ph: 425-431-4197 * Fax: 425-431-7836