

Title: Report of Student Disclosure of Identity

REPORT OF STUDENT DISCLOSURE OF IDENTITY

Dear (Parent/Guardian) _____,

This letter is to inform you that your student (student's name listed on registration)
_____ has made a request of a licensed employee to (check all that apply):

___ make an accommodation that is intended to affirm the student's gender identity as follows:

___ use a name that is different from the name listed on the student's school enrollment forms.
The name requested is:

_____.

If you would like to amend the student's registration paperwork to permit the student's requested accommodation and/or include the use of the above-referenced name, please complete the attached form and return it to the district administration office.

Sincerely,

Administrator

Date

Approved: August 22, 2023

Reviewed: _____

Revised: _____