

STUDENT RECORD UPDATE FORM



PLEASE PRINT

CURRENT STUDENT NAME (First / Middle / Last) : _____

DATE OF REQUEST: _____
STUDENT ID# _____ SCHOOL _____
STUDENT AGE _____ DATE OF BIRTH _____
GENDER at BIRTH (Required by the State of Minnesota): Female Male

PLEASE WRITE IN ANY ADDITIONS OR CHANGES YOU ARE REQUESTING:

(this will change your student records as well as Infinite Campus)

UPDATED STUDENT NAME (First / Middle / Last): _____
PREFERRED GENDER IDENTIFICATION: Female Male Write-in: _____
PRONOUNS FLAG: She/Her/Hers He/Him/His They/Them/Their Write-in: _____
Change your EMAIL and HOUSEHOLD RELATIONSHIPS (to reflect Updated Student Name) ? Yes No

- 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, transcripts or diplomas.
- I understand that the student's legal 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, in my students record, may complicate future record requests.
- I authorize release of the student's legal and preferred name/gender to authorized parties as part of student records requests.
- I understand the School Nurse/Health Assistant and/or School Counselor may need to access the student's legal information.
- I understand the use of this form to indicate specific pronouns results in a "flag" being added to my student record. This "flag" will be visible to staff directly working with the student to review.
- I understand that if there are questions about my request, I will be contacted by an administrator.
- I understand that a 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 Duluth Public Schools change the name and/or gender of the student listed above.

PRINT PARENT / GUARDIAN NAME(S)
(required for students under age 18)

PARENT / GUARDIAN SIGNATURE(S)
(required for students under age 18)

PRINT STUDENT NAME
(required for students over age 18)

STUDENT SIGNATURE
(required for students over age 18)

Parent or Student: Submit form to Building Secretary for Principal approval

For Office Use Only

PRINCIPAL SIGNATURE _____ Date (effective date) _____
(Indicates approval to make requested additions or changes)

Building Secretary:

- Submit approved record updates to census@isd709.org
- Add flag and pronouns to student records system
- Add original to Student Cumulative File
- Notify Guidance Counselor for plan creation to support the student