



Livermore Valley Joint Unified School District

Student Services
685 East Jack London Boulevard, Livermore, CA 94551
Tel (925) 606-3200 Fax (925) 606-3366

PREFERRED NAME AND/OR GENDER REQUEST FORM

Unofficial Change of Name and/or Gender in Pupil Records per AB1266, Education Code section 221.5

I, _____, DOB: _____

hereby request to have (Check one): My name or My student's name changed from:

(student's Official Legal Name) _____ and from this day forward be

known as: _____ And furthermore, if applicable, be

identified with a preferred gender of (check one):

Male Female Non-Binary

preferred gendered pronouns (check one):

she, her, hers he, him, his they, them, theirs

I understand that this form applies only to unofficial pupil records maintained by the Livermore Valley Joint Unified School District and that the legal name and gender must remain on the official pupil records, and that this form does not substitute for an official name and/or gender change, which would require a court order.

Print Name of Student: _____ Student ID#: _____

Signature of Student: _____ Date: _____

OPTIONAL (*Student can request a name change and does not need parental consent*):

Print Name of Parent/Guardian (*optional*): _____

Signature of Parent/Guardian (*optional*): _____

OFFICE USE ONLY - ALL FIELDS ARE REQUIRED/ PLEASE FILE IN STUDENT'S CUM:

Applicant is (check one):

Student Parent Guardian Adult Student/Former Student

DATE LVJUSD HELP DESK TICKET WAS SENT TO IT DEPARTMENT: _____