

NAME CHANGE REQUEST FORM

Student ID#: _____ School: _____

Current Student Name: _____
First Middle Last

Date of Birth: _____

Change the following in student record:

** (leave blank if change is not applicable)

Name to use in Skyward: _____
First Middle Last

Student may also go by (nickname): _____

Gender: Female Male Other _____

- These change(s) are being requested because the student consistently identifies as the name/gender requested above.
- I understand that this form does not constitute a legal name and/or gender change.
- I understand that the student's original name/gender will be retained in the student record system.
- I authorize the release of the student's original and updated name/gender to other authorized parties as part of student records requests.

Parent/Guardian Signature(s) *(required for students under age 18)*

Parent/Guardian Name(s)-Print

Parent/Guardian Signature(s)

Student Name-Print

Student Signature

Submit this form to the school main office

Revised:
Reviewed: