

**NAME/GENDER CHANGE REQUEST FORM**

To ensure the accuracy and privacy of your education record, the Aberdeen School District requires official documentation and written authorization to make changes or corrections to the name and/or gender listed in your student educational records.

Name of Student on Record: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Name of School: \_\_\_\_\_

As of \_\_\_\_\_ (date), I request that my  name  gender (check all that apply) be changed on my official educational records as follows: (Please print clearly)

**NAME CHANGE**

New/Updated Name: \_\_\_\_\_  
LAST FIRST MIDDLE

You must submit one item of documentation that shows the current/old name that is in our records, and one item of documentation that shows your new/updated name.

**GENDER CHANGE**

Male  Female  Trans\*  \_\_\_\_\_ (fill in blank)

Please submit medical and/or legal documentation of your updated gender. (See Policy No. 519)

I fully understand, and am aware of, possible complications that may occur from this change and, therefore, do not and will not hold the \_\_\_\_\_ School District liable in any way for making the requested name/gender change. I also understand that the School District will make the requested changes to my official education records, but it is my responsibility to notify the instructors of the courses in which I am currently enrolled.

Signed (Parent/Guardian/Student over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY**

Verified/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Document(s) provided and verified: \_\_\_\_\_