

STUDENT RECORD UPDATE FORM

PLEASE PRINT

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

DATE OF REQUEST: _____

STUDENT ID# _____ SCHOOL _____

STUDENT AGE _____ DATE OF BIRTH _____

PLEASE ADD TO OR CHANGE THE FOLLOWING IN THE STUDENT RECORD:

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

GENDER (Required by the State of Minnesota): Female Male

PRONOUNS FLAG: She/Her/Hers He/Him/His They/Them/Their Write-in: _____

EMAIL and HOUSEHOLD RELATIONSHIPS (Change 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 **or diplomas**.
- I understand that the student's original 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 may complicate future record requests.
- I authorize release of the student's original and updated name/gender to authorized parties as part of student records requests.
- I understand the use of this form to indicate specific pronouns results in a "flag" in student records system. This "flag" will be visible to staff directly working with the student to review, listing pronouns.
- I understand that the elements of obscenity, health, and safety may be considered as legitimate causes for denial of my request.
- I understand that 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

(Always ask, required for students over age 18)

STUDENT SIGNATURE

(Always ask, required for students over age 18)

Parent or Student: Submit form to Building Principal for 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 tadmin@isd709.org.

Building Secretary: Add flag and pronouns to student records system

Building Secretary: Original to Student Cumulative File