

Request to Change Preferred Name and/or Gender

This form initiates the process to request a change to a student's first and middle name and/or gender marker in LPS information systems including Infinite Campus, Google, and other systems. When initiating this request, it is important that the student and family work closely with school staff to create a plan for addressing how this change will be implemented at school. We strongly recommend that the student and parent(s) review the FAQ page prior to signing the form.

School Name: _____

Student's Date of Birth: _____

Student's LEGAL Name / Gender (as it currently appears on the birth certificate and other government documents)

Last Name

First Name

Middle Name

Female

Male

Student's PREFERRED Name / Gender* (to be used at school)

Last Name (Remains the same)

First Name

Middle Name

Female

Male

Non-Binary*

**Students and parents should be advised that since many technology systems do not have a Non-Binary gender option, using a Non-Binary marker may result in errors or issues with student records.*

This form must be signed by at least one parent/guardian with educational decision rights. Please read the important advisements below before signing:

- By submitting this form, I am requesting that Littleton Public Schools change the name and/or gender marker of the student listed above in the District's information systems. I understand that this does not constitute a legal change of name or sex/gender.
- I understand that Littleton Public Schools will continue to maintain and release the student's legal name and gender as required in compliance with federal and state laws and certain documents such as transcripts, diplomas, and state assessments may still show the student's legal name and/or gender.
- I confirm that the student consistently identifies as the name/gender requested and intends to use this name and/or gender publicly at school.
- I understand that the use of a preferred name may create errors in processing, locating, and retrieving records legally requested by other entities, such as educational institutions, employment verification services, and government entities, and information provided by the District regarding the student may not be accurate.
- I authorize the release of both the student's legal and preferred name/gender to other authorized parties as part of student records requests when required or applicable.
- The District reserves the unilateral authority to modify or rescind the use of the student's preferred name/gender.

By signing below, I acknowledge that I have read the information and advisement regarding making a change to the student's name and/or gender and would like to proceed with the changes.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

What happens next?

1. A school administrator and mental health staff member will work with you and your student regarding specific needs and plans to support these changes at school.
2. With any name change, the student's Google account profile and email address will be updated.

FOR SCHOOL STAFF TO COMPLETE:

Student LPS ID#: _____

Mental Health Signature: _____ Administrator Signature: _____

Please notify the School Registrar and send the completed form to the LPS Dept. of Social Emotional and Behavior Services for approval.