

Aberdeen School District No. 5

STATEMENT OF STUDENT NAME CHANGE
Student/Guardian Initiated

The Aberdeen School District believes in fostering an educational environment that is safe and free of discrimination for all students and has adopted policies and procedures that recognize the importance of an inclusive approach toward the identity of transgender students.

I understand that the District is required to maintain a permanent student record that includes my legal name and gender, and that this legal record can only be changed pursuant to a court order or through amendment of state or federally-issued identification.

I also understand that while my school has adopted procedures to avoid any inadvertent disclosure, my school is also required by law to use or report my legal name and gender for standardized testing, on official transcripts and records, or as otherwise required by law.

1. My birth records and other legal documents have the name of:

2. I wish to have my academic/school records bear the name:

By signing below, I am stating that this change has not been made to avoid creditors or for any illegal or fraudulent purposes.

I have been provided with a copy of School Board Policy 3211.

Student Signature

Date _____

Student Printed Name

Parent Signature

Date _____

Parent Printed Name