

Oregon School District
Name / Gender Change Request Form

Date: _____

Student Age: _____

School: _____

Student ID #: _____

Current Student Name as reflected in IC: – PLEASE PRINT

Requesting the following change(s):

_____ Name in IC

_____ Gender identification in IC

Name:

If requesting name change, change name to:

First, Middle, Last

Gender:

Current gender designation:

_____ Female

_____ Male

If requesting gender change, change to:

_____ Female

_____ Male

The person requesting this/these change(s) and listed as student above, ***consistently identifies*** as the name/gender here requested. Please note that the student's original name/gender will be retained in the history of IC. Also, the name/gender designation will be changed back post-graduation since this is not a legal name change

Parent/Guardian Signature(s):

Parent/Guardian Signature(s)

Print Parent/Guardian Name(s)

Student Signature:

Requested at all times/ Required if 18 years or older

District Registrar's Signature:

Date changes completed: _____