



Policy and Procedures

File: ACA-E

Student Request to Use a Chosen Name (Form)

This form is to be completed by the student or parent/guardian following the process in ACA-R when a student or their parent/guardian requests that the student use a chosen name that differs from the student's legal name and/or gender marker reflecting the student's gender identity to the District's information systems, including Infinite Campus.

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

Last Name	First Name	Middle Name	Suffix	Gender
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Student's Chosen Name/Gender (to be used at school and during extracurricular activities)

Last Name	First Name	Middle Name	Suffix	Gender
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Please read the important advisements below before signing:

- I have requested that Pueblo School District No. 60 add the name(s) and/or desired gender marker of the student listed above to the District's information systems. I understand that this does not constitute a legal change of name or sex/gender.
- I understand that the District will continue to maintain and release the student's legal name and sex/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 sex/gender.
- I confirm that the student consistently identifies as the name and/or gender requested and intends to use this name and/or gender publicly at school.

Would you like Pueblo School District No. 60 to remove the current picture from Infinite Campus?

Yes _____ (A new photo will be taken) No _____

By signing below, I acknowledge that I have read or was otherwise presented with the above information regarding updating the student's chosen name and/or gender.

Student Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Please return this form to your building principal.

SCHOOL OFFICIAL USE ONLY:

Data will be entered by the district registrar. Please sign and date, provide a copy to the requestor, and place the document in the student's cumulative folder or upload to Infinite Campus.

Parent/Guardian Has Not Signed

I attest that this Student Request to Use a Chosen Name Form was not provided to and/or discussed with the student's parent/guardian due to my determination that circumstances existed to cause me to reasonably believe that notifying the student's parent/guardian at this time would put the student at risk of abuse or neglect. I have contacted the district's Department of Student Support Services and the Department of Human Services, as appropriate.

School Official: _____ Date: _____

Student SASID:	Student DOB:	School Name:	School Official:
District IC Update:	Document Upload:	Date:	

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ADOPTED : [Date]