

Students

Series 500

Policy Title: Student Preferred Name or Gender Change Application

Code No. 502.13-E1

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**Marshalltown Community School District  
Request for Change to Preferred Name or Gender**

Current School of Enrollment:
Student Legal First Name:
Student Legal Middle Name:
Student Legal Last Name:
Student Legal Gender:
Student Date of Birth:

Preferred First Name:
Preferred Middle Name:
Preferred Last Name:
Preferred Gender:
Desired date of preferred name and/or gender change to take place:

Students should be aware that parents and guardians have a right to inspect and review educational records at any time. Marshalltown Community School District advises students to inform parents of such changes themselves. Permanent records, transcripts, and diplomas will state the student's legal name.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student request received by(Please Print): \_\_\_\_\_

**This form can be submitted to Central Office Registrar by the staff member which received the student request.**

Adopted: June 17, 2019