



Preferred Name / Gender Change Request Form

Student ID #: _____ School: _____

Current Student Name: _____
First Middle Last

Date of Birth: _____ Legal Gender (Required by State of Minnesota): Female Male
Check One

Change the Following in Student Record (leave blank if change is not applicable)

Preferred Name: _____
First Middle

District Alternate Gender: Female Male Non-Binary
Check One

- By submitting this form, I am requesting that Minneapolis Public Schools change the name and/or gender of the student listed above.
- These change(s) are being requested because the student consistently identifies as the name/gender requested above.
- I understand that this form does not constitute a legal name and/or gender change; rather it only changes the name and/or gender of the student as reflected in Minneapolis Public Schools student information system.
- I understand that the State of Minnesota presently requires a gender of either "Female" or "Male" for state reporting purposes.
- I understand that the District Alternate Gender will only be used within Minneapolis Public Schools.
- I understand that the student's original name/gender/pronoun will be retained in the student record system.
- I authorize the release of the student's original and updated name/gender to other authorized parties as part of student records requests.

Parent/Guardian Signature(s) (required for students under age 18):

Print Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Student Signature:

Submit this form to the school main office. If you have questions, please contact Out4Good
(612)668-0191 • Out4Good@mpls.k12.mn.us • <http://sss.mpls.k12.mn.us>

FOR OFFICE USE ONLY:

Change Name in Discovery

Attach Form in Discovery