LONG BEACH
UNIFIED SCHOOL DISTRICT
Excellence & Equity

Student Support Services Division * 2221 Argonne Ave. , Long Beach, CA 90815

Unofficial Records Name Change (Parent(s) or Legal Guardian(s) Request)

A parent or legal guardian or student may request that a child be known by a first name and gender differing from that on the legal verification of birth. A transgender or gender non-conforming student may wish to use and be known by a name and gender reflective of their gender identity or gender expression. Schools are required to maintain a mandatory permanent record that includes a student's legal name and legal gender. LBUSD policy permits the name/gender preferred by the parent or legal guardian/student to be used in unofficial records. The unofficial records may include but are not limited to report cards, identification badges, classroom and homeroom rosters, certificates, programs, announcements, office summons and communications, team and academic rosters, diplomas, newspapers, newsletters, yearbooks and other site-generated unofficial records.

By signing the document below, you acknowledge that the unofficial records mentioned above and district systems such as Canvas, ParentVUE and StudentVUE and most applications within Synergy (Student Information System) and LROIX (District Data System) will show the preferred name. Additionally, by signing this document you acknowledge that official records such as enrollment documents, transcripts, IEPs, 504s, health records, mandatory permanent records, mandatory interim records, and other pertinent legal documents, in addition to district and state systems such as Parchment (Transcript System) and CALPADS (State Data System) and confidential applications within Synergy and LROIX will show your child's legal name.

School Name: ________________________________ **Student ID#:** ____________________

Grade:__________________________ I, ____________________________________, being

the custodial mother/father or legal guardian of student, ________________________________

do hereby request that my child, ____

who was formerly known , be from this day forward known as

____ ________ ________

(Previous First Middle Last Name) Gender Pronouns

____ ________

Signature of parent or legal guardian requesting the proposed change of name Date

____ ________

Signature of other parent or legal guardian, if available. Date

____ ________

Signature of student agreeing to the proposed changes Date

***For Office Use Only:**

Submitted to Student Support Services by: ____

Retain a copy at the school site Send the original to: Tucker Administrative Offices Attn: Dr. Claudia Sosa-Valderrama rev 081522