

Madison Metropolitan School District
Name / Gender / Email Change Request Form

Date: _____ School: _____ Student ID #: _____

Current Student Name as reflected in IC: – PLEASE PRINT

I am requesting the following change(s):

- Name in IC Gender identification in IC MMSD Email address Photo ID

Name Changes:

If requesting name change, change name to:

<i>First</i>	<i>Middle</i>	<i>Last</i>
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Gender Identity Changes:

- ❖ **Current** gender designation on IC: Female Male Non-binary
- ❖ If requesting gender change, **change to:** Female Male Non-binary
 - If changing gender to a non-binary gender identity, please identify whether:
 - Non-binary Gender Fluid Two-Spirit Agender
 - Genderqueer Bigender Pangender Gender-Expansive
- ❖ Please let us know your pronouns:
 - She/Her He/Him They/Them Ze/Hir Other: _____

Please note: MMSD recognizes and affirms the gender identities of all students. Due to state/federal reporting requirements and limitations of Infinite Campus, please know that currently some limitations exist in all identities being consistently applied. However, within our own district, MMSD will make every attempt to honor students' gender identities.

Email Address Changes:

- ❖ **Current** email address with MMSD: _____@madison.k12.wi.us
- ❖ Would you like your MMSD email address changed to reflect your affirmed name? Yes No

Photo Changes: Infinite Campus, Student ID, and Yearbook:

- ❖ Do you need a new IC Picture or School ID? Yes No
- ❖ Middle & High School: Please contact the yearbook advisor ASAP to get a new yearbook photo.

I assure as the person requesting this/these change(s) that the student listed above consistently identifies as the name/gender here requested. Please understand that the student's original name/gender will be retained in the history of IC as this is not a legal name change.

Required Signature(s):

Parent/Guardian Signature(s)

email address

Print Parent/Guardian Name(s) Printed

phone number

Student Signature:

LGBTQ+ Lead Signature:

Requested at all times/ Required if 18 years+

- Please send this form to Sherie Hohs, LGBTQ+ Lead, to be processed with the MMSD Registrar.
- Form can be scanned and emailed to shohs@madison.k12.wi.us or mailed to 545 W. Dayton Street, Madison Wisconsin 53703 (Attn: Sherie Hohs). Changes usually take 3-5 business days to be made.
- Please visit our website to support transgender, non-binary, and gender-expansive youth at mmsd.org/trans-guidance