

STUDENT INFORMATION CHANGE REQUEST FORM

(Form 2 of 3)



**EVANSTON/SKOKIE
SCHOOL DISTRICT 65**

Every Child, Every Day,
Whatever it Takes

Please complete this form if you wish to make any changes in the fields listed below for your child (or self). This information will be used as part of District 65's official student records.

Please note:

- Our student information systems align with State of Illinois reporting requirements; the genders currently available for state reporting are: "male" or "female."
- The school Principal shall consult with the student/family to determine appropriate communication to relevant staff member(s) and document details in "Gender Support Plan" (see "Form 3 of 3").
- Change requests may only be completed by individuals who have legal authority to do so (e.g., student, parent, guardian, or custodian); this will be confirmed during District 65 review.
- All forms submitted will be included in the student's record.

Student Information Change Request Form

A) Student's information from the original birth certificate/document

Last Name:	Date of Birth:
First Name:	Sex Assigned at Birth:
Middle Name:	

B) Requested changes for use in our information systems and reporting

Last Name:	Gender Pronoun:
First Name:	Gender Identity:
Middle Name:	Gender for State Reporting: Male / Female (circle)

C) Parent/Guardian and/or Student Acknowledgement

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

In the event District staff cannot obtain a parent/guardian signature, a student signature will be sufficient to process this form.

For office use

Registration Department (initials): _____ Date: _____

Student Information Manager (initials): _____ Date: _____

To District employees reviewing this document: Confidential student information shall not be shared with any other persons unless authorized by the parent/guardian or student over the age of 18. Violation of federal and state confidentiality laws and Board Policy may be cause for discipline up to and including termination.

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