



## Name and Gender Change Request Form

This form must be submitted by a parent to change a student’s name and/or gender in the student’s Ithaca City School District (ICSD) permanent records when there is no documentation of a legal name change and/or government ID indicating the updated gender. The term “parent” means the student’s parent(s) or guardian(s), or any person(s) in a parental or custodial relationship to the student, or the student if they are an emancipated minor or 18 years of age. The student’s permanent records include transcripts, report cards, and attendance records. These records are generated by ICSD’s student information system, Schooltool.

**Student ID Number:** \_\_\_\_\_

**Updated Name:** \_\_\_\_\_

**Updated Gender:**

- Female
- Male
- Nonbinary

**If there are pronouns by which you prefer to be addressed, please list them here so that we can include these in your Schooltool record to support the ICSD faculty and staff in validating and respecting your gender identity.**

**Preferred Pronouns:** \_\_\_\_\_

**By signing below, the parent and student understand that:**

- Updating a name and/or gender in ICSD’s Schooltool database is not a legal name change.
- A student’s permanent records may be used in connection with obtaining services and benefits outside of the ICSD, such as Department of Social Services or Free Application for Federal Student Aid on the federal level. A student’s legal name may be required to be used in connection with receipt of these benefits and services. In the event that this happens, you can obtain a letter from the district to assist.
- The name that appears on the updated school records will be different from the legal name that may be required to apply for benefits and services outside the ICSD, and this mismatch may create delays or issues.
- All previous records generated by ICSD’s Schooltool database prior to the date of this change will reflect the student’s previous name and/or gender.
- The student’s legal name and/or previously designated gender will be archived in the ICSD systems to enable records to be cross-referenced, while maintaining confidentiality.

**Please return this form to the [district registrar](#) or in-person at the registrar’s office at the IHS welcome center. By signing this form, we acknowledge that we have considered this information.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date