



Name Change Request

Student Portion: *(Please print or type)*

I, _____ *(student legal name)*,
_____ *(student number)*, am requesting a (first) namechange. I understand the name
change will be reflected in the Student Information System, StudentVue, ParentVue, Canvas and G-Suite.
The name change will NOT be reflected on official, legal documents, such as standardized tests, transcripts,
IEPs/504s, and diplomas.

I am requesting to be called _____

Student Signature

Date

Parent/Guardian Portion:

We support our student's request for a name change that will be reflected in the Student Information System,
StudentVue, ParentVue, Canvas, and G-Suite. The name change will NOT be on official, legal documents,
such as: standardized tests, transcripts, IEPs/504s, and diplomas. Both signatures are required.

*Parent Signature **

Date

*Parent Signature **

Date

**A single signature above reflects the parent's attestation that he/she has sole legal custody of the student, and has the
exclusive right to make educational decisions for the student. (A copy of the Court Order granting the parent sole legal
custody is attached.)*

Please return this completed form to your School Counselor.
Upon return of the signed form, a conference will be scheduled to complete this process.

Office Use Only

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Date Received: _____ Received by: _____

Date Conference Scheduled: _____ Date Entered into Synergy: _____