



**Form 1**

**AUTHORITY FOR USE OF  
PREFERRED NAME OR PRONOUN(S)**

I (we), the undersigned, authorizes that \_\_\_\_\_  
(Legal Name)

be referred to by the following approved name(s):

\_\_\_\_\_  
(preferred name(s))

And / or

be referred to by the following approved pronoun(s):

\_\_\_\_\_  
(pronoun(s))

And / or

Authorize that the above change(s) be reflected on the student's official record.

Yes

No

Signature of student (if 16 or over):

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Signature of parent(s)/guardian(s):

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)