

**Student Post-Enrollment Request For Name or Gender Change****CONFIDENTIAL**

Office of Shared Accountability  
Central Records Office  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
7210 Hidden Creek Road, Bethesda, Maryland 20817

**INSTRUCTIONS**

Complete **PART A** only, print out form and sign where indicated. Mail or hand deliver to Central Records (address above).

**Questions? Call Central Records: 240-740-5270**

**PART A: Requestor Information****Student Name on Current MCPS Records**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Requested Name Change**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Requested Gender Change**

From ☐ Male ☐ Female ☐ X to ☐ Male ☐ Female ☐ X

School graduated or withdrawn from \_\_\_\_\_

Year of graduation \_\_\_\_\_ Year of withdrawal \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ am requesting the above name or gender change on all of my permanent MCPS records.  
I have attached all pertinent legal documents\* that authorize MCPS to make this change.

*\*Legal documents include: a court order, an amended birth certificate; a state- or federally-issued identification; or documentation from a licensed healthcare practitioner.*

Additional information (optional): \_\_\_\_\_

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

**Requestor's Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PART B: FOR OFFICE USE ONLY**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of notification to former student \_\_\_\_/\_\_\_\_/\_\_\_\_ Format of notification: ☐ Mail ☐ Email ☐ Fax

**Notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Date completed \_\_\_\_/\_\_\_\_/\_\_\_\_ by signature of Central Records staff member \_\_\_\_\_