## **CCS Name and Gender Change Request Form**

In making this request, I understand that the name of the student listed below will be changed in the District's electronic database to the preferred name which is also listed below. I understand that the District will maintain records in the name listed on the birth certificate for submission to recognized agencies, such as the Ohio Department of Education but the preferred name will appear on all other District documents, including but not limited to class rosters, report cards and other records. I further acknowledge that once the records are changed to the preferred name, the District will not generate or maintain District records/documents in any name but the preferred name except as noted above. I also understand that this change will not occur until after this form is signed and that any previous records will be maintained in the name listed on the birth certificate. Furthermore, the District bears no responsibility for any consequences that may arise for the student and/or parent/legal guardian as a result of this request.

## Athletic Eligibility Considerations related to Gender Changes

Furthermore, I understand that a student's gender will also be changed in the District's electronic database to the preferred gender listed below. The criteria listed above related to a name change will also apply with respect to a gender change. I understand that a gender change will have implications related to eligibility and participation in sports officially sanctioned by the Ohio High School Athletic Association (OHSAA). I have received and read the OHSAA Transgender Policy and I understand that a student's gender listed on the birth certificate will be used to determine participation in OHSAA sanctioned sports unless the student meets the criteria listed in the OHSAA policy. I further understand that the school administrator, athletic director and Director of Student Activities will have access to, and may be required to access information regarding the gender listed on a student's birth certificate and absent other information, will utilize birth certificate gender information to determine OHSAA sports team eligibility. Students and parents/legal guardians agree to abide by the OHSAA Transgender Policy and agree to submit any required documentation prior to participating on any OHSAA sanctioned sports team.

Student ID#						

## Name on Birth Certificate:

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Mie	dl	e																											
Pre	fer	rec	d Na	me	e (p	lea	se p	rin	t cl	ear	ly):		1				1	1	1	1	<b></b>	1	1	1	1	1	1	1	T 1
Pre Firs		rec	l Na	ime	e (p	lea	se p	orin	t cl	ear	ly):																		
		rec	l Na		e (p	lea	se p	orin	t cl	ear	ly):																		
	t		l Na		e (p	lea	se p		t cl	ear	ly):																		
Firs	t		l Na		e (p	lea:	se p			ear	ly):																		

Date of Birth:	(MM – DD – YYYY)		-		-		

Preferred Gender: (Circle One) Male Female

\_\_\_\_\_ I have received a copy of the **Ohio High School Athletic Association Transgender Policy** adopted November 17, 2014.

In the event that a student wishes to resume using his/her name as it is listed on the student's birth certificate, please contact the Office of Legal Services at 614-365-5673 for assistance with that process.

Student Signature (Legal Name)	Date
Parent/Legal Guardian Signature	 Date
Witness Signature	 Date