



CAPISTRANO UNIFIED SCHOOL DISTRICT  
SAN JUAN CAPISTRANO, CALIFORNIA

**REQUEST FOR LEGAL NAME AND/OR GENDER CHANGE**

**Date of Birth:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Former Legal Enrollment Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Former Legal Gender:** Male \_\_\_ Female \_\_\_ Non Binary \_\_\_

**Current Legal Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Current Legal Gender:** Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_

List of documents requested and reissued:

**Type of government-issued identification provided:** (Note: A copy of this document and identification will be added to your permanent record in order to demonstrate the legal name and/or gender change)

Court Order \_\_\_\_\_ Driver's License \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Passport \_\_\_\_\_  
Other: \_\_\_\_\_

I authorize CUSD to change my legal name and/or gender in accordance with documentation I have provided and release my records requested to the above named individuals or organizations.

Student/Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_  
(Student signature required for student 18 years of age or older)

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

Name of School/Office: \_\_\_\_\_ Name of School Official: \_\_\_\_\_

Job Title of School Official: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Signature of School Official \_\_\_\_\_