

STUDENT DISCLOSURE OF IDENTITY

It is the goal of the district to provide a safe and supportive educational environment in which all students may learn. As part of creating that safe educational environment, no employee of the district will provide false or misleading information to the parent/guardian of a student regarding that student's gender identity or intention to transition to a gender that is different from their birth certificate or certificate issued upon adoption.

If a student makes a request to a licensed employee to accommodate a gender identity, name, or pronoun that is different than what was assigned to the student in the student's registration forms or records, the licensed employee is required by Iowa law to report the request to an administrator. The school administrator receiving the report is required by Iowa law to report the request to the student's parent/guardian. This requirement also applies to all nicknames.

To maintain compliance with Iowa law and also provide efficiency in the reporting requirements listed above, the Superintendent will provide the opportunity for parents and guardians to list in the student's registration paperwork any and all nicknames used for students.

Approved \_\_\_\_\_

Reviewed \_\_\_\_\_

Revised \_\_\_\_\_

REPORT OF STUDENT DISCLOSURE OF IDENTITY

Dear (Parent/Guardian) \_\_\_\_\_,

This letter is to inform you that your student (student's name listed on registration) \_\_\_\_\_ has made a request of a licensed employee to (check all that apply):

\_\_\_\_\_ make an accommodation that is intended to affirm the student's gender identity as follows:

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\_\_\_\_\_ use a name, pronoun or gender identity that is different from the name, pronoun and/or gender identity listed on the student's school registration forms. The name, pronoun, or gender identity requested is \_\_\_\_\_.

If you would like to amend the student's registration paperwork to permit the student's requested accommodation and/or include the use of the above-referenced name/pronoun/gender identity, please complete the attached form and return it to the district administration office.

Sincerely,

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

REQUEST TO UPDATE STUDENT IDENTITY

\_\_\_\_\_  
(Student's current name on registration)

\_\_\_\_\_  
(Student ID)

Please update my student's names, pronouns, and/or gender identities on my student's registration paperwork to include all of the following:

\_\_\_\_\_  
(Names)

\_\_\_\_\_  
(Pronouns)

\_\_\_\_\_  
(Gender identities)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Reviewed \_\_\_\_\_

Revised \_\_\_\_\_