

## Policy 504.14-E1 Report of Student Disclosure of Identity

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

This letter is to inform you that your student \_\_\_\_\_  
(Student's name listed on school registration form)

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 ([Refer to Policy 504.14-E2](#)) and return it to the Student Support Services office (2999 N 10<sup>th</sup> Street, Marion, IA 52302).

Sincerely,

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Building

\_\_\_\_\_  
Date