

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

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:

_____ 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 (3556 Winslow Road, Marion, IA 52302).

Sincerely,

Administrator's Signature

Building

Date

Adopted: 8/23
Revised: 9/24
Related Policy: 504.14; 504.14-E2
Legal Reference (Code of Iowa): SF496
IASB Reference: 503.07-E(1)