



## Parental Authorization for Deviation from Student's Legal Name

Student ID# \_\_\_\_\_

Student First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Student Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Under Fla. Admin. Code R. 6A-10955: Education Records, each school district must develop a form to obtain parental consent whereby parents may specify the use of any deviation from their child's legal name in school. Without this consent, school personnel are obligated to use your student's legal name as it appears on their birth certificate.

This consent authorizes school personnel to use the parent/guardian approved name/nickname, as indicated below, for my student. I understand that this name/nickname will be entered into the Student Information System (FOCUS).

I, authorize my student, \_\_\_\_\_ to be referred to by the following approved name/nickname: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_