ST0007 Rev. 9/04

## STATEMENT OF PREFERRED NAME FOR SCHOOL RECORDS

## **Department of Student Services** Lincoln Public Schools

(Student ID Num	,	(School)
	udent is not the same name as recorded on the rescribed by state law, complete the following or nicknames.	
	(Enter name as shown on birth certif	icate)
	(Enter name preferred for the stude	ent)
(Date of Bi	rth)	
We hereby state that I/we tate that I/we	rth)  have not changed the child's name through arve the child known in school as, and school record, cumulative record and health card wh	cords show the name stated on line b, wi
We hereby state that I/we tate that I/we	have not changed the child's name through arve the child known in school as, and school rec	cords show the name stated on line b, wi
We hereby state that I/we tate that I/we	have not changed the child's name through an ve the child known in school as, and school rec at record, cumulative record and health card wh	cords show the name stated on line b, wi ich will contain student's legal name.
We hereby state that I/we tate that I/we prefer to ha xception of the permaner	have not changed the child's name through an we the child known in school as, and school rec at record, cumulative record and health card wh (Parent signature)	cords show the name stated on line b, wi ich will contain student's legal name.  (Date)  (Date)
We hereby state that I/we tate that I/we prefer to ha xception of the permaner	have not changed the child's name through an ve the child known in school as, and school recent record, cumulative record and health card where the child is a constant of the child is	cords show the name stated on line b, wi ich will contain student's legal name.  (Date)  (Date)
We hereby state that I/we tate that I/we prefer to ha xception of the permaner	have not changed the child's name through an ve the child known in school as, and school recent record, cumulative record and health card where the child is a constant of the child is	cords show the name stated on line b, wi ich will contain student's legal name.  (Date)  (Date)

- name is to be used.
- 2. Signature of both parents are requested. Parent completing the form should obtain the other parent's signature.
- 3. If both signatures are not available, the parent completing the form must give a notarized statement of responsibility for the name change. Student Services will provide notary service.
- 4. Keep a copy of this form and send the original to Student Services, LPSDO.

Note: If either of the legal parents objects to the use of the preferred name, the legal name of the child will be used. The student's legal name will be used on the student's PIR, health card, and cumulative folder. Other records used in a building may use the preferred name.

State of Nebraska, County of Lancaster					
The foregoing instru	ment was acknowledged before	me this			
by					
(Date)	(Signature of person acknow	/ledged)	(Print name of person acknowledged)		
↑ Affix Seal F	lere ↑		Notary Public Signature		