

THE SCHOOL BOARD OF CHARLOTTE COUNTY, FLORIDA  
1445 EDUCATION WAY, PORT CHARLOTTE, FL 33948  
PHONE (941) 255-0808

**PARENTAL AUTHORIZATION FOR DEVIATION FROM CHILD'S LEGAL NAME**

**SCHOOL YEAR 2024-2025**

Florida Administrative Code 6A-1.0955, Education Records, requires school districts to 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 the student's legal name as it appears on their birth certificate.

**Instructions:** Parents/Guardians who want their child to be referred to in school by a name/nickname other than their child's legal name are required to complete, sign, and return this consent form to their child's school. This consent authorizes school personnel to use the parent/guardian approved name/nickname.

Student Legal Name (Print) \_\_\_\_\_  
First Middle Last

Student No. \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_  
First Last

Relationship to Student \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

**Parent/Guardian Consent**

I, \_\_\_\_\_ (Parent/Guardian Name) authorize my student  
\_\_\_\_\_ (Student Name) to be referred to in school by the following  
approved name/nickname, \_\_\_\_\_ (one name only). I understand  
that this one name/nickname will be entered into the Student Information System. I understand that my  
student's legal name will continue to be used for all student records.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution:

Original – Student File

Copy – Parent/Guardian