

The School Board of Polk County, Florida  
 Polk State College Collegiate High Schools

**Parental Authorization for Deviation from Student’s Legal Name -  
 2023-2024**

<b>Student ID#</b>	<b>Student First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Birth Date</b>	<b>School</b>
<b>Parent/Guardian First Name</b>		<b>Last Name</b>		<b>Phone Number</b>	<b>Relationship to Student</b>

**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 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: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
 I hereby certify that the foregoing was executed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 by \_\_\_\_\_, who is personally known to me of who has produced  
 \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
 Notary Public, State of Florida