

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

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

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

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