

NCHSAA GENDER IDENTITY REQUEST FORM
(To be included with materials sent to the Gender Identity Committee)

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SECTION A – To be completed by Member Principal

Student Name _____ High School _____

The school principal is expected to provide a current transcript and school registration information along with this application.

For what NCHSAA sport(s) or activity does this student desire eligibility? _____

Does this student satisfy all other eligibility criteria (age, academics, residence, etc.) Yes No

I am submitting this Gender Identity Request for the above named student with what I believe to be up to date and accurate information. Further, I believe that this student’s gender identity is bona fide and is not for the purpose of gaining an unfair advantage in competitive athletics.

Signature - Principal Date Daytime Phone

Signature – Superintendent (or Designee) Date Daytime Phone

Signature – Athletic Director Date Daytime Phone

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SECTION B – To be completed by Parent (Legal Custodian) and Student

Parent(s) Name _____ Daytime Phone _____

Address _____ Home Phone _____
Street City State Zip

Email Address _____ Daytime Fax _____

I understand and agree that in order to process this request, the school, LEA and the North Carolina High School Athletic Association must be able to exchange and review the relevant documentation and records regarding my child/ward. I hereby release and grant consent to the reviewing parties—e.g the Gender Identity Committee—under FERPA and other state and federal law, to exchange and review such records. In doing so, I understand that the information so exchanged and released will be kept confidential, and will be used only for the purposes of reviewing and deciding this request and unless I consent in writing to its public release.

I certify that all information is accurate and understand that ineligibility may result if the information is incorrect.

Signature – Parent/Custodian Date Signature - Student Date

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Written Documentation For This Application

- School form indicating a change in Power School, if available
 - Updated school transcript, including attendance information;
 - A written statement from the student affirming the consistent gender identity and expression of which the student relates;
 - Documentation from individuals such as, but not limited to parents, friends and/or teachers, which affirm that the actions, attitudes, and manner demonstrate the student’s consistent gender identification;
 - A complete list of all the student’s prescribed, non-prescribed or over the counter, treatments or medications relative to the gender identity of the student;
 - Written verification from an appropriate health-care professional (e.g. physician, psychiatrist, psychologist, school nurse, etc.) of the student’s consistent gender identification; include any other social/emotional information from health care professionals that would assist the committee. Such information must be on office letterhead of the health-care professional, and include contact information;
 - Any other pertinent documentation or information which the student or parent(s) believes relevant and appropriate.
- NOTE: The NCHSAA discourages submission of documents providing medical or psychological information that is unrelated to a student’s gender identity and/or transgender transition.