

Parental Permission for Preferred Name

| Student Information | | |
|---|---|------------------------------|
| Student Name | Student ID | |
| BroncoMail Address | | |
| In accordance with Idaho's House Bill 538, stude parental permission. | ents under 18 who wish to be referred to by a | a preferred name must obtain |
| Add preferred name to the line below. | | |
| Preferred Name: | | |
| To request that your BroncoMail email add | ress be updated to reflect your preferre | d name, check the box below. |
| Requesting an update to BroncoMa | ail Address | |
| Parent or Guardian Signature (Require | d) | |
| By signing, you acknowledge and consent for th | ne student to be referred to by a preferred n | ame. |
| | | |
| Parent or Guardian Signature (Required) | Print Name | Date |

Please note: all electronic form submissions must be delivered via an official u.boisestate.edu email account.