



# STUDENT PRIVACY PLAN

*This privacy plan is in accordance with Utah State Code §63G-31-301.  
This plan should be maintained in the student record and is protected by FERPA.*

Name of Student \_\_\_\_\_ Privacy Plan Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Administrator \_\_\_\_\_

Reason for Request:  Gender Identity  Fear of Bullying (check all that apply)

Are supportive measures needed?  YES  NO

Additional Supportive Measures: \_\_\_\_\_

Is any reported bullying being addressed? How so? \_\_\_\_\_

**Notice of Utah State Law:** According to state law, a student may only access an operational sex-designated privacy space (restroom or changing room) that is designated for students if the student's sex corresponds with the sex designation of the privacy space (consistent with their biological sex).

**Definition of a Privacy Space:** Utah law defines a privacy space as a restroom or changing room within a publicly owned or controlled facility where an individual has a reasonable expectation of privacy.

This privacy plan provides you with the following:

1. Reasonable access to a unisex or single-occupant facility. The closest unisex or single-occupant facility privacy space is located: \_\_\_\_\_

OR

2. Reasonable access to a faculty or staff restroom. The closest faculty or staff privacy space is located: \_\_\_\_\_

OR

3. If either of the above is unavailable, you may have access to the privacy space that corresponds with your gender identity. To provide for reasonable, private temporary access, you are permitted to:

Leave class 5 minutes early to use the privacy space with no academic penalty

Get to class 5 minutes late to use the privacy space with no academic penalty

Use the restroom during class or academic activity with permission

Other: \_\_\_\_\_

In the event a challenge is made regarding your use of a privacy space that is consistent with your gender identity, the following can be used as a defense:

(a) An unamended birth certificate corresponding with the sex designation of the privacy space (restroom or changing room).

(b) Documentation of medical treatment or procedure consistent only with the sex designation of the privacy space (restroom or changing room).

*I agree to abide by the terms of this Privacy Plan. Please bring any questions or concerns to the undersigned school administrator.*

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
Parent:		
Student:		
School Administrator:		