

Preferred Name Request Form

Please return completed form to the Office of University Registrar, Levermore Hall, Room 8

Student's ID Number _____

Legal First Name	Legal Middle Name	Legal Last Name
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Preferred First Name	Preferred Middle Name	Preferred Last Name
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Do you want this name to appear on your student-related mailings? Yes _____ No _____

Do you want to change your username (email will be changed as well)? Yes _____ No _____

Gender Identity: Male _____ Female _____ Other _____

Pronoun: _____

I understand that my preferred name will be used on all student records at Adelphi University, except where my legal name is required, such as transcript, diploma, and financial records. For further information, I will refer to the policy outlined on the Registrar's webpage.

Student's Signature _____ Date _____

Processed by _____

Date Processed _____