



ST. JOHN'S UNIVERSITY

Office Use Only:

Last date of employment: _____

HR signature: _____

Date: _____

New email: _____

Chosen Name Change Request Form

Please review the chosen name policy at stjohns.edu/registrar prior to completing this form.
Email the completed form to registrars@stjohns.edu.

My full legal name currently appears as

First Name	Middle Name	Last Name
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I would like to request that my chosen name be displayed as

First Name	Middle Name (optional)
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I request that my chosen name be displayed within St. John's University where my legal name is not required.

- I acknowledge that my last name cannot be changed through this process and that my use of a chosen name is subject to the chosen name policy, which I have read and understood.
- I understand that my chosen name may appear on communications sent to my mailing address.

Student's Signature: _____

Date: _____

Telephone Number: _____

St. John's Email Address: _____

Alternate Email Address (non-St. John's): _____

X-number: _____

Please be advised that SignOn may be affected while this change is being processed.