

**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**I would like to request that my chosen name be displayed as**_____
First Name_____
Middle Name (optional)

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.