



ST. JOHN'S UNIVERSITY

NAME/PRONOUN CHANGE REQUEST FORM

Please review the Names and Pronouns Policy [here](#) prior to submitting this form. You may use Adobe's print & sign function to complete and sign this form.

1. Enter X number: _____
2. Enter telephone/cell number: _____
3. Enter email account name: _____
4. My full legal name currently appears as:
 - a. Last Name: _____
 - b. First Name: _____
 - c. Middle Name: _____
5. I am requesting that my name appear as:
 - a. First Name: _____
 - b. Middle Name: (optional) _____
6. From the list below, I use the following pronouns: _____

SHE	She/Her/Hers
HE	He/Him/His
ZE	Ze/Hir/Hirs
THEY	They/Them/Their
NAME	Use my name as pronoun

I would like to request that my chosen name be displayed within St. John's University where my legal name is not required. I understand that the use of my chosen name is subject to the University's Policy #714, Names and Pronouns, which I have read and understood.

By entering your name below, you attest to acknowledge the above statement.

Employee's Name: _____

Date: _____

Phone #: _____

Please complete, print and submit this form to the Equal Opportunity and Compliance office via mail to: Office of Human Resources - EOC, University Center, 8000 Utopia Parkway, Queens, NY 11439 or scan and attach the form to an email to eoc@stjohns.edu. An IT Service Desk representative will call/email you when your email address has been changed.