



Office Use Only:
Date Received: _____
Date Completed: _____
New Email: _____
Initials: _____

Preferred Name Change Request

Please review the Preferred Name Policy at www.stjohns.edu/academics/office-registrar prior to completing this form.

My Student ID is: X _____ NT (network) Account: _____

My full legal name currently appears as:

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

First Name	Middle Name (optional)
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I would like to request that my preferred name be displayed within St. John's University where my legal name is not required. I understand that my last name cannot be changed and that my use of a Preferred Name is subject to the Preferred Name Policy, which I have read and understood.

Student's Signature: _____ Date: _____

Phone #: _____

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

An IT Service Desk representative will call/email you when your email address has been changed.