



PREFERRED NAME REQUEST FORM

ANY NAME CHANGES made the week prior to the start of the semester or during a semester will immediately change on class rosters but will not update in Blackboard and Cougarmail until the following semester.

Today's Date _____

Student Date of Birth _____

Student ID _____
STUDENT ID or last 4 of SSN

FULL LEGAL NAME _____
(Name as it currently appears in CCCC records—please print) LAST FIRST MIDDLE

FULL BIRTH NAME _____
(Name as it appears on your birth certificate—please print) LAST FIRST MIDDLE

PREFERRED NAME _____
(Name you would like to be called—please print) LAST FIRST MIDDLE

NICKNAME _____ (Nicknames are not displayed on rosters or transcripts)
(please print)

Please confirm your birth gender: [] MALE [] FEMALE

Please confirm the gender with which you identify:

[] MALE [] FEMALE [] TRANSMAN [] TRANSWOMAN [] ANDROGYNY

Please indicate the personal pronoun you prefer:

[] He/Him/His [] She/Her/Hers [] Ze/Hir/Hirs [] They/Them/Their [] NAME Use student's name as pronoun

By completing and signing this form, I am acknowledging my understanding and consent that all mailings sent to me may use my preferred name. This form will remain in effect until a new form is submitted or until federal or state law abolishes the form's usefulness.

Student signature (required for any changes)

date

For Office Use Only

Document used to verify legal name:

- [] Driver's license/state ID [] SSN card [] Birth Certificate
[] Marriage Certificate [] Divorce decree [] Military ID
[] Passport [] EAD card [] Court Ordered Name change

CCCC Enrollment Staff Signature _____ Date _____