

CHOSEN 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	FIRS	T MIDDLE	
FULL BIRTH NAME			
(Name as it appears on your birth certificate—please print) LAST	FIRS	T MIDDLE	_
PREFERRED NAME			_
(Name you would like to be called—please print) LAST	FIRS	T MIDDLE	_
NICKNAME (N	icknames are not display	ed on rosters or transcripts)	
Please confirm your birth gender: 🛛 🗆 MALE	FEMALE		
Please confirm the gender with which you identify:			
MALE FEMALE TRANSMAN			
Please indicate the personal pronoun you prefer:			
He/Him/His D She/Her/Hers D 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 na	me:		
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	