CENTRAL CAROLINA COMMUNITY COLLEGE

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 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

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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 Records Office Staff Signature _____ Date _____

V10/26