

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			
FULL LEGAL NAME	e print) LAST	FIRST	MIDDLE	_
FULL BIRTH NAME	print) LAST	FIRST	MIDDLE	
PREFERRED NAME	LAST	FIRST	MIDDLE	_
NICKNAME(please print)	(Nick	knames are not displayed	on rosters or transcripts)	
Please confirm your birth gender:	□ MALE	□ FEMALE		
Please confirm the gender with which y	ou identify:			
□ MALE □ FEMALE □ TR.	ANSMAN	□ TRANSWOMAN	□ ANDROGYNY	
Please indicate the personal pronoun ye	ou prefer:			
□ He/Him/His □ She/Her/Hers □ Z	Ze/Hir/Hirs	□ They/Them/Their □	NAME Use student's name as	pronoui
By completing and signing this form, I to me may use my preferred name. This or sta	s form will ren			
Student signature (required for any changes)		date		
For Office Use Only				
Document used to verify legal name:				
□ Driver's license/state ID	□ SSN card		th Certificate	
□ Marriage Certificate□ Passport	□ Divorce de□ EAD card		itary ID urt Ordered Name change	
CCCC Enrollment Staff Signature			-	