Preferred Name Request
Office of the Registrar

Last Name: ________________________  First Name: _______________  Middle: _______________

Student ID No.: ________________  Phone number: ______________________________

Burrell COM Email Address: ______________________________________________________

Requested Preferred First Name: __________________________________________________

My signature below affirms that I understand the following:

Preferred names are not for the purpose of misrepresentation (inappropriate names or using the process to avoid a legal obligation) nor for other misconduct. The College reserves the right to deny use of, or to remove a preferred name if not consistent with appropriate use.

Signature: ________________________________  Date: ________________________________

FOR INTERNAL USE ONLY

Processed By: ___________________________  Date: ________________________________