

CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

Preferred NAME REQUEST FORM

CURRENT LEGAL NAME (Please Print):

Last First M.I.

CUNYfirst EMPL ID: _____

I request that the following name be recorded as my Preferred Name in the Student System:

PREFERRED NAME*:

Last First M.I.

*Please initial here _____ to indicate you have read and understand the following:

While CUNY recognizes the importance that a change of name might have to students during their time with the University a preferred name is not a legal name, but is generally used to change how others refer to you. For this purpose, students may identify a preferred name to be recorded in the student system. Documents and records that may display a preferred name include, among other things, course rosters, student identification cards, student email addresses, and other documents issued by the University. **A preferred name will not be reflected on, among other things, a student's official academic record, diploma or transcript.** To change the name that is displayed/reflected on official academic record, diploma, or transcript students must follow the instructions on the Name Change Request form available in the Registrar's Office. Official and legal name changes require specific documentation outlined on that form.

Bring this completed form to the Office of the Registrar (5th Floor). You must present your CUNY Student ID card in order for this request to process. Email Registrar@sph.cuny.edu if you have any question(s).

Signature Date

****This form will not be processed without the student's signature****

Office Use Only

Processed by _____ Print Name _____ Date _____