

**BLOOMSBURG UNIVERSITY
PREFERRED NAME REQUEST FORM**

Current Legal Name: _____
First M.I. Last

Student ID Number: _____ BU Email: _____ Cell Phone: _____

Local Address: _____
Street

_____ *City State Zip*

Requested Preferred Name: _____

(ONLY A STUDENT'S FIRST and/or MIDDLE NAME MAY BE REQUESTED)

Student Status: _____ Undergrad _____ Graduate _____ Undergraduate Non-Degree _____ Alumni

Do you want your campus email address to change? (if first/middle initial changing) _____ YES _____ NO

Reason for Requested Name Change:

By submitting this form, I have read and understand the Preferred Name Policy and am agreeing to have Bloomsburg University officially change my name (first and/or middle only) to the preferred name listed above for internal Bloomsburg University identification purposes only. Furthermore, I understand that Bloomsburg University reserves the right to deny my chosen preferred name if my preferred name is deemed offensive, inappropriate for University use or not in the spirit of the policy.

Student Signature: _____ Date: _____

Requests are to be submitted to the Office of the Dean of Students.

101 Kehr Union Building

Office Use Only

Approved:

Denied:

Action Date: