



PREFERRED NAME REQUEST FORM

Complete this form if you would like the Minnesota State Colleges and Universities system (Minnesota State) /Minnesota State Community and Technical College (M State) to use a preferred name for you in its records, consistent with System Procedure. If you complete this form, your preferred name will appear in your campus email address, system directories, class rosters and other M State records as technically feasible except where your legal name is required. You may request a preferred first, middle and/or last name. M State reserves the right to deny a requested preferred name if the requested name is inappropriate, such as: to avoid a legal obligation, to misrepresent, violates some system policy, etc. You may change your preferred name by completing this form again; individuals do not have the ability to change a preferred name independently. You will be asked to show photo identification for security purposes.

Legal Name		
Legal First Name	Legal Middle Name	Legal Last Name
Tech ID, Student ID, or StarID		

By completing the information below, you are requesting your preferred name appear as listed at any Minnesota State institution where you have an educational or employment relationship, and where the legal name is not required for business or legal reasons. Note that presentations of preferred name will be subject to the availability of technical resources at individual institutions.

By your signature below, you affirm that this application is made for the purposes of your employee and/or academic record, and that you intend to use this name consistently for these purposes within the Minnesota State Colleges and Universities system.

Preferred Name		
Please complete each of the fields below as you would like them to be displayed. Where technically feasible, this is the name that will be displayed within Minnesota State records where legal name is not required.		
Preferred First Name <i>(Optional)</i> :	Preferred Middle Name <i>(Optional)</i> :	Preferred Last Name <i>(Required)</i> :
Signature of Requestor:		Date:
Email Address of Requestor for Confirmation of Request		

*******This section completed by Human Resources or Registrar's Office*******
(Please allow 5-7 business days for processing)

Photo ID Verified By:	Date:
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A person's name is used for identity clarification in many locations in administrative and academic systems. Responsibility for maintenance and enhancement of these systems is shared by the staff of the Minnesota State system office and M State. Shortage of technical resources may delay the implementation of preferred name usage in individual instances.

STUDENTS return form to Registrar's Office; EMPLOYEES return form to Human Resources