



Office Use Only:
Date Received: _____
Date Completed: _____
New Email: _____
Initials: _____

Chosen Name Change Request

Please review the chosen name policy at www.stjohns.edu/academics/office-registrar prior to completing this form. Send completed form to registrar@stjohns.edu.

My full legal name currently appears as:

Last Name	First Name	Middle Name
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I would like to request that my chosen name be displayed as:

First Name	Middle Name (optional)
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I would like to request that my chosen name be displayed within St. John's University where my legal name is not required.

- I acknowledge that my last name cannot be changed through this process and that my use of a chosen name is subject to the chosen name policy, which I have read and understood.
- I understand that my chosen name may appear on communications sent to my mailing address.

Student's Signature: _____ Date: _____

Phone #: _____

St. John's Email Address: _____

Alternate Email Address (non-St. John's): _____

A help desk representative will call/email you when your email address has been changed.

** Please be advised that SignOn may be affected while this change is being processed.*