



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: _____