Preferred Name Request

Registrar’s Office
Old Main, Room 111
1871 Old Main Drive
Shippensburg, PA 17257-2299
Phone: 717-477-1381
Fax: 717-477-1388
www.registrar@ship.edu

Print, complete and submit this form to the Registrar’s Office to request the use of a preferred name. You may also print, complete (take a photo) and email this form from a Shippensburg University email account to registrar@ship.edu. A signature is required. Upon receipt, the request will be reviewed. If additional questions or follow-up is necessary, you will be contacted via your Shippensburg University email account.

Students may change a preferred name one time per semester.

Be sure to review the Preferred Name Policy, including the appendix, for information related to implementation and use of a preferred name.

SU ID: _______________________

LEGAL NAME: _______________________

First Middle Last

PREFERRED NAME: _______________________

First Middle Last

LOCAL ADDRESS: _______________________

Street City State Zip

SU EMAIL: _______________________

PHONE: _______________________

SIGNATURE: _______________________

DATE: _______________________

Please note: The preferred name is used solely for Shippensburg University’s internal systems.

Disclaimer: This policy does not form a contract of any kind and may be modified, changed, altered, or rescinded at the discretion of Shippensburg University. Inappropriate use of the preferred name, including but not limited to misrepresentation or attempting to avoid a legal obligation, may be cause for denying the request.