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.registr@ship.edu

Complete and submit this form to the Registrar’s Office to request the use of a preferred name. 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 http://www.ship.edu/Social_Equity/Social_Equity_Policies/, 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Disclaimer: This policy does not form a contract of any kind and may be modified, changed, altered, or rescinded at the discretion of Shippensburg University.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.