Preferred Name Request Form

Preferred Name Change (Unofficial):
If you wish to use a preferred first name, please complete the information below: preferred name will be used in Instructors’ class list, Grade roster, Canvas/Etudes, and Online Student Registration.

Student ID: ____________________________________________________________

Legal Name: ____________________________________________________________

(Last Name, First Name, Middle Name)

Preferred First Name: _____________________________________________________

Signature: __________________________ Date: ______________________

Optional: CONFIDENTIALITY, PRIVACY AND DISCLOSURE
A student’s gender identity may be shared only with District staff members who have a legitimate need to know/educational interest in that information. Beyond that, how do you as the student want information regarding your gender identity to be shared, if at all, and to whom? Consider: Do you want information shared with persons beyond required District representatives?

Please explain: _________________________________________________________

Limitations on preferred name use*

<table>
<thead>
<tr>
<th>Limitations on preferred name use*</th>
<th>Please note that this is not an official name change and San Joaquin Delta College will continue to use your legal name in those official record where it is required such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Diplomas/Degrees</td>
<td>-Official Transcripts</td>
</tr>
<tr>
<td>-Financial Aid and Student accounts</td>
<td>-Employment related records</td>
</tr>
<tr>
<td>-Tax documents</td>
<td></td>
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</tbody>
</table>

*PLEASE REVIEW THE FAQ SECTION OF THE PREFERRED NAME WEB PAGE FOR MORE DETAILS.

Is there any special program(s) or offices with which you would like us to share this information? Yes _______ No _______

If so, which one(s)? _______________________________________________________________________

(i.e. Puente, MESA, AFFIRM, Veteran Resource and Foster Youth, etc.)

Please check box if you do not want The Counseling Center to receive your Preferred Name information. ☐

You may also revoke a previously established Preferred First Name below:

I wish to revoke my previously registered preferred name of ___________________ and wish the College to resume use of my legal first name _____________________.

Signature: __________________________ Date: ______________________

This section must be completed by the Office of Admissions and Records only

ACTION TAKEN for Preferred Name: ☐ Granted ☐ Denied ☐ No Action Taken

Comment: __________________________________________________________________________________

Admissions & Records Representative Signature: __________________________ Date: ______________________

Adopted: November 8, 2017

Office of the Registrar: 5151 Pacific Ave. Stockton, C.A. 95207