

Office of the Registrar

Shuster Hall, Room 102 250 Bedford Park Boulevard West Bronx, New York 10468

P (718) 960-8255 F (718) 960-7336 www.lehman.edu

Preferred Name Request Form

Current Legal Name (Please Print):	
Graduation Year (Expected):	
CUNYfirst ID:	
I request that the following name b	be recorded as my Preferred Name in the Student System.
Preferred Name*:	
First	Middle
*Please note that only first and/or comfortable using in the classroon	middle names may be requested. Please select names that you would be n and other CUNY settings.
University, a preferred name is no purpose, students may identify a p required to have a preferred name among other things, course rosters issued by the University. A preferracademic record, diploma, or transofficial academic record, diploma,	rtance that a change of name might have to students during their time with the talegal name, but is generally used to change how others refer to you. For this referred name to be recorded in the student system. No documentation is recorded. Documents and records that may display a preferred name include, student identification cards, student email addresses, and other documents red name will not be reflected on, among other things, a student's official script. To change the name (including last name) that is displayed/reflected on or transcript students must follow the instructions on the Personal Data the Office of the Registrar. Official and legal name changes require specific m.
Please initial hereto in	dicate you have read and understand the paragraph above.
Signature	Date

Return this completed form to: Office of the Registrar Shuster Hall, Room 102

