PREFERRED FIRST NAME REQUEST FORM

To request a preferred first name, complete this form and submit to the appropriate office.

| Students – Registrar’s Office, Ulmer Hall 224, registrar@lockhaven.edu |
| Faculty and Staff – Human Resources, East Campus J205 |
| Alumni – Alumni Office, Durrwachter Alumni Conference Center 311, alumni@lockhaven.edu |

The use of a preferred first name will be utilized except where the use of the legal name is required by University business or legal need.

Legal Name: ____________________________________________________________

| Last Name, Suffix (Jr., Sr., III, etc.) | First Name | Middle Name |

Preferred First Name: ____________________________ Date of Birth: ________________

First Name Only

LHU ID Number: ________________________________

LHU Email: ________________________________ Phone: ________________________________

Other Email: ________________________________

By signing below, you affirm you are providing accurate information and you have read and understand the Preferred Name Policy.

Signature (REQUIRED): __________________ Date: __________________

Disclaimer: Pursuant to University policy, inappropriate use of the preferred name, including but not limited to misrepresentation or attempting to avoid legal obligation, may be cause for denying the request.