

Office of the Registrar - PREFERRED FIRST NAME FORM

2240 Iyannough Road | West Barnstable, MA 02668 774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Student ID#:		
Last Name:	Legal First Name:	Middle Initial:
Personal Email Address:	Phone Number:	
long as the use of a preferred first name is and should be used where possible in the o	s may prefer to use a first name other than their lo not for an improper purpose, the College acknow course of the College business and education. Stu nternal documents, communications, systems, an	vledges that a preferred first name can dents may use a preferred first name
 Finance records Student accounts records Student personally identifiable inf Student directory information Payroll records Health records Official transcripts federal immigration Interaction with government ager 	ation documents ncies	clude, but are not limited to:
<u>To change your legal name on all College ro</u>	ecords, a court order or other acceptable legal do	<u>cumentation is required.</u>
withdraws his/her request for the use of a The College reserved the right to modify, c	ested, that name will be used by the College as d preferred name. change, alter or rescind at any time and at its discr	
legal obligation, a student may be subject to legally binding or enforceable contract.	n improper purpose, including but limited to misro to disciplinary action, up to and including expulsio	
Preferred First Name:		
Student Signature (required):		Date:
	Office of the Registrer Has Oak	
Date Received	Office of the Registrar Use Only:	Initials: