

Office Use Only:		
Date Received:		
Date Completed:		
New Email:		
Initials:		

Chosen Name Change Request

Please review the chosen name policy at www.stjohns.edu/law/student-services/office-registrar prior to completing this form. Send completed for to lawregistrar@stjohns.edu.

Last Name	First Name	Middle Name
I would like to request that	my chosen name be display	ved as:
First Name		Middle Name (optional)
I would like to request that legal name is not required.	my chosen name be displaye	ed within St. John's University where my
•	•	nged through this process and that my ame policy, which I have read and
O I understand that maddress.	y chosen name may appear	on communications sent to my mailing
Student's Signature:		Date:
Phone #:		
St. John's Email Address:		
Alternate Email Address (no	n-St. John's):	

A help desk representative will call/email you when your email address has been changed.

^{*} Please be advised that SignOn may be affected while this change is being processed.