



**SAMFORD UNIVERSITY**  
**CHANGE OF STUDENT PREFERRED NAME**

Date \_\_\_\_\_ Student I.D.: \_\_\_\_\_

Student Name \_\_\_\_\_

Last

First

Middle

Preferred Name: \_\_\_\_\_

**\*Students who complete this form in person must bring a photo ID. Students who choose to mail or fax the form must also provide a photocopy of a picture ID (license, passport, etc.) along with the request. Changes will be made to preferred first names only, not surnames.**

Student Signature (Required) \_\_\_\_\_