

## LaGuardia Community College - Office of the Registrar

## **Preferred Name Request**

IMPORTANT: Submit this form to the Registrar's Office, email at registrar@lagcc.cuny.edu

PLEASE PRINT CLEARLY						
CURRENT LEGAL NAME		CUI	NYfirst EN	MPL ID#		
Last Name	First Na	ame		Middle N	lame/Ir	nitial
GRADUATION YEAR (Expected):						
I request that the following name be i	recorded as my Pre	ferred Nam	ne in the	Student	Syste	em:
Preferred Name*:						
First Name		Middle Nam	ne/Initial			
*Please note that only first and/or middle na	ames may be reques		e select n	ames th	at vo	II WALL
be comfortable using in the classroom and o	ther Corti settings	,				
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PHONE: 718-482-7200

WEB: www.laguardia.edu

The City University of New York