

## Preferred Name Request

For Title IX name accommodation requests

STUDENT ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Include a copy of government issued photo ID

**\*\*This form is not for a legal name change.**

\*In order to be processed when digitally signed, this form must be submitted to the Registrar's Office via the student's TWU e-mail.