Preferred Name Request

UNC Pembroke recognizes that members of the campus community, to include students, faculty, and staff prefer to use a first name other than their legal name to identify themselves. Also, in compliance with Title IX of the Education Amendments of 1972, The UNC Code §103, and the university's Non-Discrimination Statement the university is committed to providing our students and employees a safe and productive educational and work environment that is free from gender-based discrimination and harassment (to include sexual violence).

Members of the campus community who choose to use a first name other than their legal name should complete this form and submit it to the appropriate office. Students should submit this form to the Office of the Registrar; employees should submit this form to the Office of Human Resources; and anyone may submit this form to the Office of Title IX and Clery Compliance.

Upon submission, the preferred name request will be reviewed in accordance with the UNCP Preferred Name Policy. If additional questions or follow-up is necessary, you will be contacted via your university email account. Please allow up to 10 business days to process this request. You will receive an e-mail when the request has been reviewed and accepted.

Please refer to the Preferred Name Policy for information related to implementation and use of a preferred name. The policy is located on the following webpages: Office of the Registrar, Office of Human Resources, and the Office of Title IX and Clery Compliance.

My Banner ID Number is:			
My University Email:		Telephone Number:	
My full legal name:			
First Name	Middle Name	Last Narr	ne
I request my preferred first name b	e displayed as:	Please Print	
I request my university e-mail address to reflect my preferred name:		Yes	No
	ccept that use of my Preferred Name terms and conditions.	is subject to the university'	s Preferred Name Policy
By signing this form, I request the u legal name is not required.	use of my preferred name by The Un	iversity of North Carolina a	t Pembroke where my
		Date:	
Print Name		Student	
		_ Faculty	
Signature		Staff	
Office Use Only			
Date Received:	_ If applicable, forwarded to the O	ffice of Title IX & Clery Compli	ance
Staff Initials:	Date forwarded:		