



## PREFERRED NAME AND PRONOUN FORM

**OFFICE OF THE REGISTRAR**

2600 Sixth Street S.W.

Canton OH 44710

Email: [Registrar@aultmancollege.edu](mailto:Registrar@aultmancollege.edu)*For Office Use Only*

---

*Date Received*

---

*Date Processed*

It is important that the college has current information on every student, and it is your responsibility to report any changes in this information. Failure to do so may prevent important information/notices from getting to you. Complete this form and submit to the College Office. Please allow 3 days for processing.

**FILL OUT THIS SECTION COMPLETELY.**

FIRST NAME

M.

LAST NAME

STUDENT ID NUMBER

---

STUDENT SIGNATURE

---

DATE☐ **PREFERRED NAME/PRONOUN CHANGE**

Please note that your preferred name will be used on college correspondence with the exception of Billing and Financial Aid documents and your Aultman College transcript. This information will be shared with college faculty and staff to facilitate your request. Completing this section does not constitute a legal name change.

Preferred Name:

Preferred Pronoun: (Please circle one):    She/Her/Hers            He/Him/His            They/Them/Their