



## Student Preferred Name Request Form

Hibbing Community College  
Student Services Offices  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
1-800-224-4422 or 218-262-7200  
Fax: 218-263-2992

Complete this form if you would like Hibbing Community College (HCC) to use a preferred name for you in its records, consistent with System Procedure. If you complete this form, your preferred name will appear in your campus email address, system directories, class rosters and other HCC records as technically feasible, except where your legal name is required. You may request a preferred first, middle and/or last name. Hibbing Community College reserves the right to deny a requested preferred name if the requested name is inappropriate; such as: to avoid a legal obligation, to misrepresent, violates some system policy, etc. You may change your preferred name by completing this form again. Individuals do not have the ability to change a preferred name independently. **\*\*You may be asked to show photo identification for security purposes.\*\***

<b>LEGAL NAME</b>		
STAR ID, Student ID, or Tech ID		
Legal First Name:	Legal Middle Name:	Legal Last Name:

By completing the information below, you are requesting your preferred name appear as listed at any MnSCU institution where you have an educational or employment relationship, and where the legal name is not required for business or legal reasons. Note that presentations of preferred name will be subject to the availability of technical resources at individual institutions.

By your signature below, you affirm that this application is made for the purposes of your employee and/or academic record, and that you intend to use this name consistently for these purposes within the Minnesota State Colleges and Universities system.

<b>PREFERRED NAME</b>		
<b>Please complete each of the fields below as you would like them to be displayed. Where technically feasible, this is the name that will be displayed within MnSCU records where legal name is not required.</b>		
Preferred First Name (Optional):	Preferred Middle Name (Opt):	Preferred Last Name (Required):
Signature of Requestor:		Date:
Email Address of Requestor for Confirmation of Request:		

\*\*\*\*\**This section completed by Registrar or Human Resources*\*\*\*\*\*

Optional – Photo ID Verified By:	Date:
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A person's name is used for identity clarification in many locations in administrative and academic systems. Responsibility for maintenance and enhancement of these systems is shared by the staff of MnSCU system office and the colleges/universities. Shortage of technical resources may delay the implementation of preferred name usage in individual instances. **Students return to Registrar's Office in Student Services.**