



Chosen Name Request Form

Given Name Information

First: _____

Last: _____

Chosen Name Information

First: _____

Last: _____

General Student Information:

Student ID Number: _____

Year of Study: _____

Pronouns (optional): _____

Reason for Request (optional): _____

If you have any additional questions or any problems, please contact the Director of Compliance listed below.

Teresa Grosskopf *she, her, hers*
Director of Compliance
Title IX Coordinator
Phelps Smith Administration Building, 001
Office: 518-327-6451; tgrosskopf@paulsmiths.edu

I have read the Chosen Name Policy and understand where name displays will be changed and where name displays will not be changed.

Name: _____ Date _____