

**PREFERRED FIRST NAME FORM**

**Present this form:** Forms can be sent via your NSCC email or U. S. Mail or FAX to:

Registrar's Office  
22600 State Route 34  
Archbold, OH 43502-9542

FAX: 419-267-5604  
PHONE: 419-267-1395  
EMAIL: registrar@northweststate.edu

**REQUIRED INFORMATION:** *Please print clearly.*

Legal Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If NSCC ID is unknown then print the last 4-digits of SS#)

*\*Copy of government ID is required with submission of request*

**PREFERRED FIRST NAME**

*Please allow 5-7 business days from receipt for processing*

**PREFERRED NAME:** *Please submit a photo copy of your government ID.*  
All Academic Records will still show the legal name only.  
*\*CANNOT use symbols*  
No more than 30 characters allowed

Preferred Name: \_\_\_\_\_

*For further details see college policy.*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_