



CHOSEN NAME REQUEST FORM

CCP ID: J _____ PHONE: _____

EMAIL ADDRESS: _____

LEGAL NAME: _____
Last Name, First Name, Middle Name/Initial(s)

CHOSEN FIRST NAME: _____

I understand and agree to the following:

Refer to Chosen Name Policy # 360. This policy is limited to first name and not surname, middle name or family name. Community College of Philadelphia will make every effort to display the chosen first name to the College community where feasible and appropriate and make a good faith effort to update reports, documents, and systems. Community College of Philadelphia reserves the right to deny or remove, with or without notice, any chosen name for misuse, including but not limited to fraud, misrepresentation, attempting to avoid legal obligation, or the use of highly offensive or derogatory names. Legal name will be used on certain records, including official transcripts, diplomas, paychecks, payroll records, enrollment verifications, medical records, financial aid documents and other records, that require use of an official name of record. Special characters are not possible at this time.

SUBMIT