

## PREFERRED NAME CHANGE FORM

### Return form to:

Registrar  
One Gustave L. Levy Place  
Annenberg Building Room 12-70  
Box 1257  
New York, NY 10029-6574



Phone: (212) 241-6691  
Facsimile: (212) 369-6013  
E-mail: registrar@mssm.edu

All Students (Medical and Graduate) at the Icahn School of Medicine at Mount Sinai (ISMMS) can indicate their preferred first name to the school regardless of whether or not they have legally changed their name.

### Places Where Legal First Name is used:

- Student Record Systems
- Student Financial Aid and Bursar Records
- Student Health Records
- Student Health Insurance
- Security ID
- Official Documents
  - Responses to enrollment inquiries e.g. verification requests (unless you have chosen FERPA Exclusion)
  - Official Transcripts
  - Medical Student Performance Evaluation (*for MD\* students*)
  - Diploma
- Email address (alias)
- Message One/Alert Find Emergency notification system
- All school and health system compliance systems and materials

### Places Where Preferred First Name is used for students:

- Courses/Small Group and Grade Rosters
- Advising Lists
- MARC
- Nametags (*for MD\* students*)
- Student Composites/Profile book
- Blackboard
- E-value (*for MD\* students*)
- Student Directory (unless you have chosen FERPA Exclusion)
- Email address (*optional*)

\* MD, MD/PhD, MD/MPH, MD/MSCR

Faculty/staff with an administrative need (e.g., health, compliance, enrollment services, and deans' office staff) will see both legal and preferred names. Faculty/staff are FERPA trained on the implications of this access.

**Email Addresses:** Upon matriculation, student emails will be created by using students preferred names as indicated on their application to ISMMS in the format of: "[firstname.lastname@icahn.mssm.edu](mailto:firstname.lastname@icahn.mssm.edu)" where "first name" is the student's preferred first name. Once changed, the original email address will remain functional as an email alias. Any emails sent to the former email address will automatically be directed to the new email address.

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STUDENT INFORMATION	
<b>Student Name (First, Middle Initial, Last):</b>	<b>Life Number:</b>
<b>ISMMS Email:</b>	<b>Program/Class of:</b>
PREFERRED NAME	
Please indicate your preferred name: _____	
Please indicate if you would like your preferred name used as your primary email address: Yes <input type="checkbox"/> NO <input type="checkbox"/>	
<i>(Note: your full name address will be used as an alias.)</i>	
_____	_____
Student Signature	Date
OFFICIAL USE ONLY	
_____	_____
Registrar: Nelson Pe / Luke Phillips Annenberg 12-70	Date