

## PREFERRED NAME CHANGE FORM- POST DOCTORAL FELLOWS

### Return form to:

Theresa Scarabino –Program Manager  
Office of Post-Doctoral Affairs  
Office 5-206, Annenberg Building  
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All Post-Doctoral Fellows of the Graduate School 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:

- Email address (alias)
- Message One/Alert Find Emergency notification system
- Health system compliance systems and materials
- 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
- Student Record Systems
- Student Financial Aid and Bursar Records
- Student Health Records
- Student Health Insurance
- Security ID

### Places Where Preferred First Name is used:

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

\* 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 receipt of the form, post-doctoral fellows' emails will be created by using the post-doctoral fellows' preferred names as indicated on this form, in the format of: "[firstname.lastname@icahn.mssm.edu](mailto:firstname.lastname@icahn.mssm.edu)" where "first name" is the post-doctoral'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.

**PREFERRED NAME CHANGE FORM**

Post-Doctoral Fellow Information	
<b>Post-Doctoral Fellow Name (First, Middle Initial, Last):</b>	<b>Life Number:</b>
<b>ISMMS Email:</b>	<b>Department/lab:</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>	
_____	_____
Post-Doctoral Fellow Signature	Date
OFFICIAL USE ONLY	
_____	_____
Program Manager – Theresa Scarabino Annenberg 5 <sup>th</sup> Floor – Office of Post-Doctoral Affairs	Date