Name Change Request

I, _____, am at least 18 years old (or have the consent of my parent / legal guardian). I request to have my first name listed as _____ in the electronic record system. I understand that this request for the use of a preferred first name is not a request for a legal name change. I understand that my current legal name will continue to appear on official school documents such as my transcript. I also understand that this request is only effective during my time in New Hanover County Schools.

I acknowledge that NHCS has encouraged me to discuss this issue with my parents/guardian and/or may facilitate discussions of this issue with my parents.

By signing this form, I hereby give permission to New Hanover County Schools to make the changes to a preferred first name:

Student's Current Legal Name	
Student's Preferred First Name (letters only)	
Student's DOB	
Student's Current School	

Signature of student making request: _____

Signature of consenting parent or guardian: _____
(Required if the student is under 18 years of age)

Printed name and relation to student or person making the request: _____

FOR OFFICE USE ONLY

Principal Signature: _____ Date: _____

Date Changed _____ Changes made by: _____