CLINTON COMMUNITY COLLEGE
STATE UNIVERSITY OF NEW YORK

Registrar's Office

PREFERRED NAME FORM

Please print all information.

Student Social Security Number: ____ ____ ____ - ____ ____ - ____ ____ ____ ____

-OR- ID Number: _____

Current Name: _____
Last First Middle

Preferred First Name: _____

Are you a current student? ☐ Yes ☐ No

Student Signature: _____ **Date:** _____
Month Day Year

Registrar Signature: _____ **Date:** _____
Month Day Year

Office Use Only:
Date Processed: _____
Processed By: _____
Portal handle: _____
CCC Email: _____
Send to IT-Preferred: _____

Revised 9/2026