



SUNY MORRISVILLE
 Office of Human Resources
 Brooks Hall/PO Box 901
 Morrisville, NY 13408

Phone: (315)684-6038

Fax: (315) 684-6859

Chosen Name Request Form

Purpose: Use this form to change your preferred name.

Current Employees: SUNY Morrisville allows all employees to add a chosen first name, which will be the first name used on campus (as outlined by the Chosen Name Policy).

Instructions: Complete and return this form to Human Resources.

Employee Information: NYS ID Number: _____

Date of Birth: _____ Phone: _____

Email: _____

I am requesting to add a Chosen Name (First Name Only)

No documentation is required to add this information to your record. It does not change your legal name.

Chosen Name (First Name) _____

Signature: _____

Date: _____

****Note that legal name changes should be requested by using the Personnel Information Change Form located in the SUNY HR Self Service Portal****