



# PREFERRED NAME CHANGE FORM

If you complete this form, your preferred name will appear in your email address and teams except where your legal name is required. You may request a preferred first, middle and/or last name. The Department of Public Safety reserves the right to deny a requested preferred name if the requested name is inappropriate, such as: to avoid a legal obligation, to misrepresent, violates some state policy, etc. You may change your preferred name by completing this form again; individuals do not have the ability to change a preferred name independently. You may be asked to show photo identification for security purposes.

<b>Legal Name</b>		
Legal First Name:	Legal Middle Name:	Legal Last Name:
State of Minnesota ID:	Computer Login Name:	

By completing the information below, you are requesting your preferred name appear as listed in external and internal communications with the Department of Public Safety and where the legal name is not required for business or legal reasons. Note that presentations of preferred name will be subject to the availability of technical resources at individual institutions.

By your signature below, you affirm that this application is made for the purposes of your employee record, and that you intend to use this name consistently for these purposes within the Department of Public Safety.

<b>Preferred Name</b>		
Please complete each of the fields below as you would like them to be displayed. Where technically feasible, this is the name that will be displayed within DPS records where legal name is not required.		
Preferred First Name (Optional):	Preferred Middle Name (Optional):	Preferred Last Name (Required):
Email Address of Employee for Confirmation of Request:		
Signature of Requester:	Date:	

\*\*\*\*\*This section completed by Human Resources\*\*\*\*\*

Received by/Photo ID Verified By:	Date:
Processed By:	Date: