



Post University Chosen Name and Email Change Form

This form is used by students to change their Post University identifiers to reflect their chosen names and email addresses.

Please complete this form in its entirety, sign and date it, and return it to Jennifer Labate via e-mail at JLabate@Post.edu or faxed to 203.841.1174. Please write legibly.

Please allow 5 business days for processing.

Questions? Contact Jennifer Labate, Title IX & Disability Coordinator, at 203.596.6027 or JLabate@Post.edu.

Student's Legal Name _____

Student's Chosen Name _____

Date of Birth _____

Student ID Number _____

Current Post University email address: _____

STUDENT'S SIGNATURE

DATE

NOTE: If you are in the Work Study Program, or are employed by Post University as a "student worker," you must also report your new email address to the Post University Payroll Office.