



Request for a Chosen Name on a Student's UMass Pass

Student's Legal Name: _____

Student's Chosen First Name: _____

Student's ID #: _____

Student's Address: _____

Student's Email: _____

I understand that this request will result in my chosen first name, rather than my legal first name, appearing on my UMass Pass for as long as I am a student at UMass Dartmouth.

Signature: _____ Date: _____

Approved by: _____

NOTE: If you prefer not to hand this form to a student worker at the Campus Service Center (UMass Pass), please contact Grace Travassos via phone at 508-999-8134, or via email at gtravassos@umassd.edu to schedule a confidential appointment.