**Preferred or Chosen First Name Exemption Authorization**

Complete this form if an exemption to the Dickinson College Preferred or Chosen First Name Use Policy is required by your department. LIS requires the exemption be approved by the requesting department’s vice president and department head in order to use legal name in any system, report, process, or data integration.

The policy can be found at <http://www.dickinson.edu/info/20401/gateway_portal/3453/preferred_or_chosen_name_use_policy>.

Submit this completed form to Jill Forrester (forrestj@dickinson.edu).

|  |  |
| --- | --- |
| Date: |  |
| Employee Name: |  |
| Employee Department: |  |
|  |  |
| Technology Type: |  System Report Process Data Integration (Download or Upload) Other (describe):  |
| Technology Name: |  |
| Technology Description: |  |
|  |  |
| Reason for Exemption: |  Law Industry or Professional Standard Strong Business Need Other (describe):  |
| Provide the rationale for the exemption. For example, if the reason provided above is the law, site or summarize the law being applied. |
| Provide any additional comments that document and support the use of legal name for this technology. |
|  |  |
| Department Head Approval: |  |
| Approval Date: |  |
|  |  |
| Vice President Approval:  |  |
| Approval Date:  |  |
|  |  |
| LIS Received By: |  |
| Received Date: |  |

*\*Electronic Signature is acceptable.*