



CHANGE OF NAME FORM

(A Copy of Social Security Card with the Correct Name is requested)

Univeristy ID Number: _____

Employee Name - before changes

Last First Middle

Requested Change - as it appears now

Last First Middle

Reason for Change:

- As shows on Social Security Card
- Divorce
- Marriage
- Other

New Mailing Address:

Street _____

City _____ State _____ Zip _____

County _____ Phone _____

I Certify the Above is True and Correct

Employee Signature: Date Completed

Return Form to Office of Human Resources, Rankin Hall 300

Bring Original Social Security Card with the Correct Name

Office USE Only
Date _____
Initials _____