



## Employee Name Change Form

New Name: \_\_\_\_\_  
Last First MI

Previous Name: \_\_\_\_\_  
Last First MI

Social Security Number or Employee ID Number: \_\_\_\_\_

Submit this form, along with your NEW Social Security Card to Human Resources,  
Lowell Heiny Hall, Room 237

Employee Signature: \_\_\_\_\_

**For Office Use Only**

Human Resources \_\_\_\_\_

Copy of Legal Documentation Attached \_\_\_\_\_