# 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 or other proof a legal name change to Human Resources, Lowell Heiny Hall, Room 237.**

**Employee Signature:** _____

**For Office Use Only**

**Human Resources**_____

**Copy of Legal Documentation Attached** _____