



CHANGE OF NAME FORM

Faculty and Staff Personnel are requested to complete this Change of Name Form and submit it to the Division of Human Resources immediately after their name has been changed. **Please attach a legal document to support this change.**

Social Security Number or J Number:

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Phone Number:

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Previous Name

Last Name:	First Name:	Middle Name

New Name

Last Name:	First Name:	Middle Name

Signature of Employee

Date

	____/____/____
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Employer Certification

Date

Authorized Signature	____/____/____
Job Title	