**** **Office of Human Resources**

**NAME CHANGE REQUEST**

Previous Name:

New Name:

T Number: Effective Date:

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

The “New Name” must match the name on Social Security Card. A new Social Security Card along with this form must be provided to the Office of Human Resources for the change to be processed.

*\*Do not provide a copy of the Social Security Card*

***HR Staff, place original Social Security Card here for photocopy. This form is to be placed in the Employee Personnel File.***