

**Faculty/Staff Employee
Change of Name Request:**

Previous Name: _____ New Name: _____

ID# _____ Social Security # _____

Name Change as result of: (circle one)

Marriage Divorce Other

Please provide documentation for these changes (marriage certificate, divorce decree, court document).

Effective: _____

Do you wish to change your beneficiaries?
If so, obtain forms for insurance and retirement funds from HR.

You will need to notify TIAA-Cref of changes.

Please return to: The Human Resource Office

For Office Use Only:

Updates to: Directory__ Cars__ Card__ Insurance__ Shelley __
Change files: Personnel__ Insurance__ Absence__