

LEGAL NAME CHANGE FORM

(Please mail completed form to your Campus Human Resources Office)

Employee's Institution (check one):

GSC ___ KSC ___ PSU ___ UNH ___ UNH-M ___ SYS ___

New Name:

Last First MI

Former Name:

Last First MI

Last four digits of Employee's Social Security Number: XXX-XX- _____

Effective Date of Name Change: _____

Reason for Name Change (check one):

- Legal Name Change: ___ (Attach copy of Court Document authorizing name change)
- Change in Marital Status: ___ (Attach copy of Marriage Certificate/Divorce Decree)

Employee Signature **Date**

Employee Contact Phone Number: ___ - ___ - _____

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

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