

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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