NAME CHANGE FORM

I hereby request that my name, as it appears on my on my current Social Security Card, be changed as indicated below:

Complete Legal First Name: _____

Middle Name:_____

Last Name:_____

Most Recent Former Name: _____

Employee ID: _____

Social Security Number: _____

My Marital Status: ☐ **Single** ☐ **Married**

Date of Name Change _____

I am currently receiving benefits for UND: ☐ **YES** ☐ **NO**

_____☐_____ **TIAA** _____☐_____ **NDPERS**

Note: If you are a benefitted employee, you will need to complete a name change packet!

Employee Signature: _____

The foregoing instrument was acknowledged before me this

_____ **day of** _____**20** _____

I have examined and verified the name on the Social Security Card to be used for Payroll purposes.

_____

Notary Public