



NAME CHANGE FORM

I hereby request that my name within Employee Self-Service be updated.

Employee ID: _____

Social Security Number (required for verification of identity): _____ - _____ - _____

Previous First Name: _____

Updated First Name: _____

Previous Middle Name: _____

Updated Middle Name: _____

Previous Last Name: _____

Updated Last Name: _____

Effective Date: _____

(Employee Signature)

(Date)

Present completed form in person with a current Social Security Card to:

Office of Human Resources
Twamley Hall, Room 409
264 Centennial Drive Stop 7127
Grand Forks, ND 58202-7127

Questions? Call 701-777-4226

ELECTRONIC SUBMISSION NOT ACCEPTED.



HUMAN RESOURCES USE ONLY:

The employee has presented their updated Social Security Card in person and the information provided above is correct and accurate.

Full Name of Human Resources Processor

(Date)