

Name Change Request

Once complete, bring this form and all supporting documentation to the
District Human Resources Division – Benefits Services Office

Section 1: Employee needs to provide updated documents substantiating the change (minimum of two required)

Driver’s license and Social Security card
 DL # _____

OR

State identification card and Social Security card
 ID # _____

Section 2: Name must be entered exactly as displayed on your Social Security Card

Current First Name	Current Middle Name(s)	Current Last Name(s)
New First Name	New Middle Name(s)	New Last Name(s)

Section 3: Additional information may be requested if there are changes to benefits, beneficiaries, and/or dependents

Marriage license
 Divorce decree
 Name change court documents
 Other _____

Section 4: Verified by Human Resources

Benefits Services: PeopleSoft ARES OBIE (for benefitted employees only)

Technician’s Initials and Date: _____

Retirement Reporting: PERS STRS FBC

Technician’s Initials and Date: _____

Human Resources Systems: Campus Solutions IT Purchasing

Technician’s Initials and Date: _____